

**NIGERIA BASIC HEALTH CARE PROVISION FUND
PROJECT (BHCPFP)**

**DRAFT FINAL
ENVIRONMENTAL AND SOCIAL MANAGEMENT
FRAMEWORK (ESMF)**

January, 2018

TABLE OF CONTENTS

TABLE OF CONTENTS..... 2

ACRONYMS 7

EXECUTIVE SUMMARY 9

 ES 1: Background..... 9

 ES 2: Brief Project Description..... 9

 ES 3: Overview of Environmental and Social Risks in Project Areas 10

 ES 4: Legal and Institutional Framework..... 11

 ES 5: Generic Potential Environmental and Social Risks 12

 ES 6: Framework Environmental and Social Management Plan (Framework ESMP)..... 13

 ES 7: Disclosures of Safeguard Instruments..... 18

CHAPTER ONE: INTRODUCTION..... 19

 1.1 Background..... 19

 1.2 Objectives of the Environmental and Social Management Framework (ESMF). 20

 1.3 Methodology and Study Approach 21

 1.3.1 Data Collection 21

 1.3.2 Literature Review 22

 1.3.3 Stakeholder Consultations..... 22

CHAPTER TWO: LEGAL AND REGULATORY FRAMEWORK 23

 2.1 Nigeria’s National Policies 23

 2.1.1 National Health Policy (Revised 2016) 23

 2.1.2 National Policy on the Environment (Revised 2016) 24

 2.2 Acts 24

 2.2.1 Environmental Impact Assessment Act - CAP. E12 L.F.N. 2004 24

 2.2.2 National Health Act, 2014 25

 2.2.3 National Primary Health Care Development Agency Act CAP. N69 L.F.N. 2004 25

 2.2.4 National Health Insurance Scheme Act CAP. N42 L.F.N. 2004 25

 2.2.5 National Environmental Standards and Regulations, Enforcement Agency Act, 2007 25

 2.2.6 Nigerian Urban and Regional Planning Act CAP. N138 L.F.N. 2004 26

 2.2.7 Harmful Waste (Special Criminal Provisions, etc.) Act 1988 26

- 2.2.8 Factories Act, Cap F1, LFN 2004 27
- 2.2.9 Federal Environmental Protection Agency Act CAP. F10 L.F.N. 2004 27
- 2.3 Regulations 29
- 2.4 International Environmental Treaties 30
- 2.5 Other Relevant Treaties and Conventions 30
- 2.6 World Bank Safeguard Policies..... 31
- CHAPTER THREE: PROJECT DESCRIPTION 32
- 3.1 Project Objectives..... 32
- 3.2 Project Components..... 32
- CHAPTER FOUR: BASELINE STUDIES 38
- 4.1 General Overview of Nigeria 38
- 4.2 Environmental and Social Baseline for Osun State 39
- 4.2.1 Description and Location of Osun State 39
- 4.2.2 Physical Environment 39
- 4.2.2.1 Geology..... 39
- 4.2.2.2 Climate..... 39
- 4.2.2.3 Soil 39
- 4.2.2.4 Vegetation 40
- 4.2.2.5 Environmental Issues 40
- 4.2.3 Economy 40
- 4.2.4 Health 41
- 4.3 Environmental and Social Baseline for Abia State 41
- 4.3.1 General Description and Location 41
- 4.3.2 Physical Environment 41
- 4.3.2.1 Geology..... 41
- 4.3.2.2 Climate..... 41
- 4.3.2.3 Soil 42
- 4.3.2.4 Vegetation 42
- 4.3.2.5 Environmental Issues..... 42
- 4.3.3 Economy 42
- 4.3.4 Health 43

- 4.4 Environmental and Social Baseline for Niger State..... 43
 - 4.4.1 General Description and Location 43
 - 4.4.2 Physical Environment 43
 - 4.4.2.1 Geology..... 43
 - 4.4.2.2 Climate..... 43
 - 4.4.2.3 Soil 44
 - 4.4.2.4 Vegetation 44
 - 4.4.2.5 Environmental Issues..... 44
 - 4.4.3 Economy 44
 - 4.4.4 Health 44
- CHAPTER FIVE: POTENTIAL ENVIRONMENTAL AND SOCIAL RISK..... 46
 - 5.1 Potential Environmental and Social Impacts 46
 - 5.1.1 Mitigation Measures 46
- CHAPTER SIX: FRAMEWORK ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP-F) ... 49
 - 6.1 Subproject Environmental and Social Management process 49
 - 6.2 Institutional Arrangement for Implementation of the BHCPFP..... 50
 - 6.3 Institutional Arrangement for the Implementation of the Framework ESMP 52
 - 6.4 Roles and responsibilities for the implementation of the Framework ESMP..... 54
 - 6.5 Training and Capacity Strengthening Program 56
 - 6.6 Monitoring of ESMF Implementation 57
 - 6.7 Disclosures of Safeguard Instruments..... 58
 - 6.8 Grievance Redress Mechanism (GRM)..... 59
 - 6.8.1 Guiding Principles 59
 - 6.8.2 Grievance Procedure 60
- CHAPTER SEVEN: PUBLIC CONSULTATION..... 62
 - 7.1 Objectives..... 62
 - 7.2 Stakeholder Identification..... 62
 - 7.3 Outcome and Interpretation of Stakeholder Consultations 63
- ANNEX 1: Terms of Reference 66
- ANNEX 2: Summary of World Bank Environmental and Social Safeguard Policies. 69
- ANNEX 3: Screening Report for Standard Format and Screening Checklist 74

ANNEX 4: Generic ESMP Terms of Reference..... 75

ANNEX 5: Environmental and Social Management Plan (ESMP) Framework 77

ANNEX 6: Stakeholders Attendance Sheets 80

ANNEX 7: Generic Waste Management Plan..... 82

LIST OF TABLES

Table 2.1 State legislation that are relevant to this Project 28

Table 2.2: Relevant Regulations Related To the BHCPFP 29

Table 2.3: Relevant Treaties Related To the BHCPFP 30

Table 2.4: Other Relevant Treaties and Conventions Related To the BHCPFP..... 30

Table 2.5: World Bank Safeguard Policies 31

Table 5.1: Potential Environmental and Social Risks and Suggested Mitigation Measures..... 47

Table 6.1: Roles and Responsibilities 55

Table 6.2 Training and Capacity Strengthening Program 56

Table 6.3 Summary of indicative budget breakdown and responsibility of the cost for
implementing the ESMF instruments 57

Table 6.4: Disclosure of Safeguards Instruments 58

Table 7.1 Stakeholder Identification..... 63

Table 7.2 Stakeholder Consultation with FMOH..... 63

Table 7.3 Stakeholder Consultation with NPHCDA..... 63

Table 7.4 Stakeholder Consultation with SMOHs, SPHCDA, SSHIAs..... 64

ACRONYMS

BHCPF	Basic Healthcare Provision Fund
BHCPFP	Basic Healthcare Provision Fund Project
EA	Environmental Assessment
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
EEZ	Exclusive Economic Zone
FEPA	Federal Environmental Protection Agency
FMEEnv	Federal Ministry of Environment
FMoH	Federal Ministry of Health
GoN	Government of Nigeria
GRM	Grievance Redress Mechanism
HCF	Health Care Facility
HWMP	Health Waste Management Plan
LFN	Laws of the Federation of Nigeria
MDG	Millennium Development Goals
NESREA	National Environmental Standards Regulatory Enforcement Agency
NHIS	National Health Insurance Scheme
NHP	National Health Policy
NPHCDA	National Primary Healthcare Development Agency
NSC	National Steering Committee
NSHIP	National State Health Investment Project
MoU	Memorandum of Understanding
OOP	Out of Pocket expenses
PAD	Project Appraisal Document
PDO	Project Development Objectives
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
PMU	Project Management Unit
PSC	Project Steering Committee
SDG	Sustainable Development Goals
SPHCDA	State Primary Healthcare Development Agency
SMoH	State Ministry of Health
SSC	State Steering Committee
SSHIS	State Social Health Insurance Schemes
TOR	Terms of Reference

UHC	Universal Health Care
UNDP	United Nations Development Program
UN	United Nations
UNICEF	United Nations Children Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

ES 1: Background

The Nigeria health sector currently faces a huge problem. It’s under 5 infant mortality ratio is high and it has one of the lowest vaccination rates in Africa. According to United Nations Children Fund, (UNICEF), 10 percent of new-born deaths in world occurred in Nigeria. There is an obvious failing access and availability of basic health care services particularly at the primary health care level in rural areas which is residence to more than 50% of Nigeria’s population.

To tackle these problems, there needs to be a deliberate effort to offer financial protection and expansion of availability of service in a bid to make basic health care accessible to even the poorest families in Nigeria.

ES 2: Brief Project Description

The proposed project tagged Basic Healthcare Provision Fund (BHCPF) is designed to increase access to healthcare particularly in rural areas and will commence in three states namely; Abia, Niger and Osun States. The project development objective is to provide access to basic minimum package of health services to beneficiaries through a BHCPF system.

ES 2.1 Objectives of the BHCPFP Project

The project development objective (PDO) is to strengthen health system management to operationalize the Basic Health Care Provision Fund in the selected states (Abia, Niger and Osun) and entails

- Establishing a robust payment, accreditation and verification mechanism;
- Introducing Project Finance Management reforms;
- Holding providers accountable for health service delivery coverage and quality; (iv) improving coordination between the federal and state agencies; and (v) establishing a mechanism of citizen accountability.

ES 2.2 The proposed BHCPF has two components:

Component 1: Strengthening service delivery through BHCPF (US\$16 million)

- (i) Strengthening service delivery through Fee-for-Service approach (US\$ 8.4M)
- (ii) Strengthening service delivery through Decentralized Financing of Facilities (US\$ 7.6M)

Component 2: Systems-strengthening to implement BHCPF (US\$4 million)

- (i) Strengthening the BHCPF national institutions & systems (US\$1.5 million)
- (ii) Strengthening performance of state-level implementing agencies (US\$1.5 million)

- (iii) Monitoring and evaluation of BHCPF (US\$1 million)

ES 2.3 Major Activities

The proposed Project is not envisaged to involve any major civil works, such as new construction or significant rehabilitation of existing buildings in the three participating States. It may however, involve minor repairs such as painting, plastering, replacing doors/windows, leaking roof, and done in accordance with national and local laws and procedures. Such works will be under sub component 1b Utilization and verification of the DFF payments

ES 2.4: Objectives of the ESMF

BHCPFP has been classified as a Category B project, as the activities that will be financed under this project are likely to have minimal or no adverse environmental and social impacts. The proposed BHCPFP is not envisaged to involve any major civil works, such as new constructions or significant rehabilitation of existing buildings in the three participating States. It will however, involve minor repairs such as painting, plastering, replacing doors/windows, leaking roofs, and will be done in accordance with national, local laws and procedures. Operational Policy (OP) 4.01 on Environmental Assessment is triggered given the potential environmental concerns around the handing of Health care waste resulting from project related activities such as vaccination and routine immunization that generate healthcare waste such as expired vaccines and sharps. See Annex 7 for HCWMP

ES 3: Overview of Environmental and Social Risks in Project Areas

Environmental Risks and Impacts

- Generation of healthcare waste mainly sharps and possibility poor waste handling/management
- Noise pollution during minor HCF repairs

Social Risks and Impacts

- Increased demand on existing health and sanitation infrastructure due to increase in HCF patronage;
- Risks of occupational accidents and injuries to workers.
- Risk of personnel being infected by infectious diseases

ES 4: Legal and Institutional Framework

The following Federal and State Ministries, institutions and agencies are responsible for regulating and monitoring environmental and social issues as well as waste management

ES 4.1 Relevant Federal and State Ministries

- Federal Ministry of Health (FMoH)
- Federal Ministry of Environment (FME) State Ministries of Health (SMoH) of Abia, Niger and Osun States
- State Ministries of Environment of Abia, Niger and Osun States

ES 4.2 Relevant Agencies

- National Primary Healthcare Development Agency (NPHCDA)
- National Health Insurance Scheme (NHIS)
- State Primary Healthcare Development Agencies (SPHCDA) of Abia, Niger and Osun States
- State Social Health Insurance Schemes (SSHIS) of Abia, Niger and Osun States

ES 4.3 Relevant Policies

- National Health Policy (Revised 2016)
- National Policy on the Environment (Revised 2016)

ES 4.4 Relevant Acts

- Environmental Impact Assessment Act - CAP. E12 L.F.N. 2004
- National Health Act, 2014
- National Primary Health Care Development Agency Act CAP. N69 L.F.N. 2004
- National Health Insurance Scheme Act CAP. N42 L.F.N. 2004
- Nigerian Urban and Regional Planning Act CAP. N138 L.F.N. 2004
- Harmful Waste (Special Criminal Provisions, etc.) Act 1988
- National Environmental Standards and Regulations, Enforcement Agency Act, 2007
- Federal Environmental Protection Agency Act CAP. F10 L.F.N. 2004

ES 4.5 Relevant State Laws and Edicts

- Abia State Environmental Protection Law
- Osun State Environmental Protection Agency Law
- Niger State Environmental Protection Agency Law

ES 4.6 Relevant Regulation

- National Environmental (Sanitation and Wastes Control) Regulations, 2009
- National Environmental (Noise Standards and Control) Regulations, 2009.
- National Environmental (Surface and Groundwater Quality Control) Regulations, 2010
- National Environmental (Control of Vehicular Emissions from Petrol and Diesel Engines) Regulations, 2010
- National Environmental (Construction Sector) Regulations, 2010. S. I. No. 19.
- National Effluent Limitation Regulations, 1991

- National Environment Protection (Pollution Abatement in Industries and Facilities Producing Waste) Regulations, 1991
- National Environmental Protection (Management of Solid and Hazardous Wastes) Regulations 1991

ES 4.7 Relevant International Treaties

- Basel Convention on the Control of Trans-boundary Movements of Hazardous Waste and their Disposal (1992)
- Rotterdam Convention on Prior Informed Consent (1998)
- Stockholm Convention on Persistent Organic Pollutants (2002)

ES 4.8 World Bank Safeguard Policies

The World Bank’s 10 + 2 environmental and social safeguard policies are a cornerstone to its support to sustainable poverty reduction. The objective of these policies is to prevent and mitigate undue harm to people and their environment in the development process.

For the BHCPFP, concerns bordering around healthcare waste generation and management as well as likely minor civil works such as painting, plastering, roofing etc under sub component 1b trigger OP4.01 Environmental Assessment thus the ESMF has been prepared to comply with this policy.

OP 4.01 Environmental Assessment is used to identify, avoid, and mitigate the potential negative environmental impacts associated with projects funded by the bank and enhance the effectiveness of the positive impacts. BHCPFP has been classified as a Category B project, as the activities that will be financed under this project are likely to have minimal or no adverse social impacts. The proposed BHCPFP is not envisaged to involve any major civil works, such as new construction or significant rehabilitation of existing buildings in the three participating States. It may however, involve minor repairs such as painting, plastering, replacing doors/windows, leaking roof, and done in accordance with national and local laws and procedures.

ES 5: Generic Potential Environmental and Social Risks

S/N	ENVIRONMENTAL PARAMETER	DESCRIPTIONS
1	AIR POLLUTION AND QUALITY	<ul style="list-style-type: none"> ▪ Air pollution may arise from the indiscriminate open air burning of woods, plastics and other wastes generated during and from the rehabilitation works. ▪ Air pollution could also occur from using diesel powered generator sets and vehicles with poor or high emission rates. All these activities would negatively affect air quality.
2	GROUNDWATER AND SURFACE WATER CONTAMINATION	<ul style="list-style-type: none"> ▪ Improper waste management could lead to leachate produced flowing into surface waters and contamination could occurs ▪ Infiltration of wastes such as contaminated swabs, expired vaccines, can find their way into surface water drainages causing contamination.

3	PUBLIC HEALTH HAZARDS	<ul style="list-style-type: none"> ▪ Increase in generation wastes such as expired vaccines and hazardous health waste generated by HCF if not managed properly could accumulate, produce foul smells, and attract insects and rodents which inevitably would have health implications on the general public. ▪ There are also risk associated with these waste if not handled properly and kept away from the public. Such risk could come from open burning of HCW
4	PUBLIC SAFETY	<ul style="list-style-type: none"> ▪ Public access to HCW could pose hazards to the public as such areas could possess needles and other sharp objects.
5	OCCUPATIONAL HEALTH & SAFETY	<ul style="list-style-type: none"> ▪ Staff handling and use of dangerous substances and wastes and inhaling fumes will expose the workers to occupational health risks. ▪ Medical personnel and waste handlers are exposed to dangerous and infectious HCW as they collect and transport HCW
6	SOCIAL ACTIVITIES	<ul style="list-style-type: none"> ▪ There could be increase in the demand for basic services due to increase in HCF patronage ▪ There is a potential for petty crime to increase in proposed sub project areas as influx of people increases
7	WASTE MANAGEMENT	<ul style="list-style-type: none"> ▪ There is an expected increase in waste generated from both public and private health centres. If not managed properly, could be harmful to the public and in extreme cases hazardous waste could lead to disease outbreak ▪ Waste generated on site if not managed properly could accumulate and become unpleasant sights to the area. ▪ Waste dumped besides roads may intrude onto the roads causing vehicular hold ups and accidents.

ES 6: Framework Environmental and Social Management Plan (Framework ESMP)

ES 6.1 Subprojects Environmental and Social Management Procedure

All subprojects under the BHCPFP shall be screened to determine the appropriate level of environmental and social impact assessment and management that would be needed for each subproject. This will be done to ascertain which subproject will have environmental and/or social impacts as well as the appropriate project categorization. Subprojects with no noticeable impacts will be cleared from an environmental perspective while those with significant potential impacts shall be subjected to another level of environmental assessment which will have to be reviewed and cleared by the Bank before commencement of the subproject.

ES 6.2: Capacity Building and Target Audience

The capacity of the stakeholders was limited on environmental and social management. There was an inadequate understanding of the ESMF, WB Safeguard Policies and other relevant instruments and policies and regulations. To fill this void, institutional and capacity building training on environmental and social management for the BHCPF stakeholders has been incorporated into this ESMF. It is estimated that a total cost of \$4,500 (Four Thousand Five hundred dollars) will be needed to complete training and strengthen capacity building.

ES 6.3 Grievance Redress Mechanism

The GRM is structured to accommodate everyone from the public and private PHC to the general public. In addition, clear procedures must be established for complaints and made easily available to the public by way of public notices and signs posted in all participating PHCs.

The grievance mechanisms will be designed to

- Provide a way to reduce risk for projects;
- Provide an effective avenue for expressing concerns and achieving remedies for grievants;
- Promote a mutually constructive relationship; and
- Prevent and address community concerns.

The responsibility, implementation of the GRM will rest with the safeguards specialists of the National Steering Committee which shall function as the PMU.

ES 6.4 Performance Indicators

The following are performance indicators for monitoring of the implementation of the Framework ESMP (F-ESMP)

Flora and fauna - Visual Area of vegetation cover

Noise and air pollution - Measurement of noise levels (not to exceed 90 decibels) and air pollution (Suspended Particulates such as TSP, PM₁₀, SO₂, NO_x, CO, THC)

Public health and safety - Frequency and number of construction related sicknesses and frequency and number of construction related injuries

Occupational health and safety - Frequency and number of occupational related sicknesses and frequency and number of occupational related injuries

6.5 Institutional arrangement for the implementation of the Framework ESMP

Implementation arrangements for BHCPFP will be fully streamlined into the existing government structure at the Federal, State and Local Government levels. Additional technical assistance and

coordination support will be provided through the project to strengthen implementation. Implementation arrangements in the PMU for BHCPF involve:

Project coordinator

He/She will head the NSC. He/she will be responsible for the project management specifically linked to administration of the BHCPF in conjunction with the representatives of the NPHCDA & NHIS. The project coordinator will be supported by a small team of officers on a full-time basis, which will include a procurement officer, project accountant, auditor, program officer, M&E/MIS officers, ICT specialist, communication specialist, social & environmental safeguards officer, gender and grievance officer. Short-term technical assistants will also provide necessary expertise as and when required.

Environmental safeguards specialist (ESS-PMU):

- Prepare appropriate and coordinated response to environmental aspects of the project and sub-projects
- Ensuring all activities of sub projects are in line with best practices and the framework of the ESMF and guidelines of the country
- Assess each sub-project and its environmental impacts; and
- Assess and monitor environmental mitigation measures for relevant subproject(s).

Social Safeguards Specialist (SSS-PMU)

- Preparing appropriate and coordinated response to social aspects of the project and sub-projects;
- Ensuring all activities of sub projects are in line with best practices and the framework of the ESMF and guidelines of the country
- Assessing each sub-project and its social impacts; and
- Assess and monitor social mitigation measures for relevant subproject(s).

Financial Management Specialist (FS – PMU)

- Ensuring all financial funds are in line with the Bank-UN Financial Management Framework Agreement; and
- Ensuring that all funds disbursed directly to the NPHCDA by the Bank for Component 3 (Health System Strengthening) are used for the purpose intended with due regard to economy and efficiency.

Monitoring and Evaluation Specialist (M&E-PMU)

- Monitoring of mitigation measures that would be put in place for each sub-project;
- Perform periodic monitoring of all aspects as contained in the sub-project Environmental and Social Monitoring Plan;
- Monitoring the implementation of the ESMP to ensure it keeps to schedule; and
- Monitoring the implementation of the HCWMP which will be based on the NHCMWP.

6.6 Roles and Responsibilities in Implementing the ESMP-F

S/N	STEPS/ACTIVITIES	RESPONSIBLE	COLLABORATION	SERVICE PROVIDER
1.	Identification and/or siting of the sub-project	NSC BHCPPF	<ul style="list-style-type: none"> ▪ Local authority ▪ FMoH 	
2.	Screening, categorization and identification of the required instrument (use the national EIA procedure)	Environmental Safeguards Specialist (ESS-NSC)	<ul style="list-style-type: none"> ▪ Beneficiary; ▪ Local authority ▪ Social Safeguards Specialist (SSS-NSC) 	
3.	Approval of the classification and the selected instrument by the FMEnv	NSC Coordinator	<ul style="list-style-type: none"> ▪ ESS-NSC ▪ SSS-NSC 	<ul style="list-style-type: none"> ▪ EA Department under the FMEnv ▪ The World Bank
4.	Preparation of the safeguard document/instrument (ESIA, Env. Audit, simple ESMP, etc.) in accordance with the national legislation/procedure (taking into account the Bank policies requirements)			
	Preparation and approval of the ToRs	ESS-NSC		<ul style="list-style-type: none"> ▪ The World Bank
	Preparation of the report		<ul style="list-style-type: none"> ▪ Procurement Specialist (PS-NSC) ▪ SSS-NSC ▪ Local authority 	<ul style="list-style-type: none"> ▪ Consultant
	Report validation and issuance of the permit (when required)		<ul style="list-style-type: none"> ▪ Procurement Specialist (PS-NSC) ▪ SSS-NSC ▪ Local authority 	<ul style="list-style-type: none"> ▪ EA Department under the FMEnv ▪ The World Bank
Public Disclosure of the document	<ul style="list-style-type: none"> ▪ Project Coordinator 		<ul style="list-style-type: none"> ▪ Media (National Dailies) ▪ The World Bank Infoshop 	
5.	(i) Integrating the construction phase mitigation measures and E&S clauses in the bidding document prior they're advertised; (ii) ensuring that the constructor prepares his ESMP (C-ESMP), gets it approved and integrates the relevant measures in the works breakdown structure (WBS) or execution plan.	Technical staff in charge of the sub-project (TS-NSC)	<ul style="list-style-type: none"> ▪ ESS-NSC ▪ PS-NSC 	<ul style="list-style-type: none"> ▪ Control Firm (Supervisor) FMEnv
6.	Implementation of the other safeguards measures, including environmental monitoring (when relevant) and sensitization activities	ESS-NSC	<ul style="list-style-type: none"> ▪ SSS-NSC ▪ PS- NSC ▪ TS- NSC ▪ FS- NSC ▪ Local authority 	<ul style="list-style-type: none"> ▪ Consultant ▪ National specialized laboratories ▪ NGOs
7.	Oversight of safeguards implementation (internal)	SSES	<ul style="list-style-type: none"> ▪ M&E- NSC ▪ FS- NSC ▪ Local authority 	<ul style="list-style-type: none"> • Control Firm (Supervisor)
	Reporting on project safeguards performance and disclosure	Coordinator	<ul style="list-style-type: none"> ▪ M&E- NSC ▪ ESS- NSC ▪ SSS- NSC 	
	External oversight of the project safeguards compliance/performance	PEA	<ul style="list-style-type: none"> ▪ M&E- NSC ▪ ESS- NSC ▪ SSS- NSC ▪ PS- NSC 	

			▪ Supervisor	
8.	Building stakeholders' capacity in safeguards management	ESS-NSC	▪ SSS- NSC ▪ PS- NSC	▪ Consultant ▪ Other qualified public institutions
9.	Independent evaluation of the safeguards performance (Audit)	ESS-NSC	▪ SSS- NSC ▪ PS-NSC	▪ Consultant

ES 6.6 Estimated Budget for Implementing the ESMF

It is estimated that the cost of implementing the ESMF is Seven Thousand and Ninety Five dollars only (7,095) – an equivalent of Two Million One Hundred and Twenty Eight Thousand Five Hundred naira only (2,128,500).

S/N	ITEM	RESPONSIBILITY	COST BREAKDOWN	ESTIMATE (US\$)	ESTIMATE (Naira)
1	Mitigation	Contractors, HCF		4,000	1,200,000
2	Management	NSC	5% of Mitigation Cost	200	60,000
3	Capacity Building	FMoH, NHPCDA, NHIS, Relevant MDAs		2,250	675,000
4	Preparation of ESIA/ ESMP etc	Consultant	This estimation includes cost for reconnaissance survey, field studies, public consultations and report preparation etc	To be disclosed	
5		Sub Total		6,450	1,935,000
6		Contingency	10% of Sub Total	645	193,500
			TOTAL	7,095	2,128,500

ES 6.7 Public Consultations

Consultations were done at the Federal level with

- Federal Ministry of Health (FMoH)
- National Primary Healthcare Development Agency (NPHCDA)
- National Health Insurance Scheme (NHIS)

Consultations were also done at the State level with

- State Ministries of Health (SMoH) of Abia, Niger and Osun States
- State Primary Healthcare Development Agencies (SPHCDA) of Abia, Niger and Osun States,
- State Social Health Insurance Schemes (SSHIS)

Full details of consultation are provided in Chapter Seven.

ES 7: Disclosures of Safeguard Instruments

The ESMF has been prepared in consultation with the relevant Federal and State MDAs. Copies of this ESMF, like other safeguard instruments (such as ESIAs/ESMPs) that would be prepared for this project BHCPF and all its sub-projects will be made available to the public by the PMU (The Secretariat of the National Steering Committee). The PMU will disclose the ESMF as required by the Nigeria EIA public notice and review procedures as well as the World Bank Disclosure Policy at the World Bank Infoshop. PMU would also facilitate the disclosure of the document in the Federal Ministry of Environment as well as in the participating states.

Once site specific subproject activities are determined, screening and other safeguards instruments such as ESIAs/ESMPs that would be prepared for subprojects under the NPESP AF3 will be disclosed by NPHCDA in a similar manner as that of the ESMF.

CHAPTER ONE: INTRODUCTION

1.1 Background

Nigeria has an estimated population of 177.5 million and is Africa's most populous nation with major opportunities and complex challenges. Consisting of 36 states and the Federal Capital Territory, the Federation is divided into six geo political zones. With more than 400 ethnolinguistic groups, it also features significant contrasts in terms of economic and social outcomes –the country has seen robust economic growth and yet modest poverty reduction; dynamic urban growth centers and isolated rural areas; and widening social and income disparities despite an abundance of natural and human resources.

The Nigerian economy experienced relatively healthy economic growth rates over the past decade, with a period of recession between 2015 and the first quarter of 2017. Despite robust economic growth in the last decade, public investments in health have been steadily declining.

Healthcare utilization is the highest at primary level and the poorest households in Nigeria are more likely to use Primary Health Centers (PHCs) rather than secondary facilities. However, 78 percent of all Government spending on health is on secondary and tertiary health facilities.

As a result of limited government financing, health spending in Nigeria is dominated by out-of-pocket (OOP) expenditures. Governments spending makes up 25% of total health financing with OOP expenditures accounting for 72% – this is among the highest share in sub-Saharan Africa. High OOP in Nigeria means that 25% of Nigerians face catastrophic health expenditures exceeding 10% total consumption or income.

To tackle these problems, there needs to be a deliberate effort to offer financial protection and expansion of availability of service in a bid to make basic health care accessible to even the poorest families in Nigeria. The BHCPFP aims at achieving this.

BHCPFP is based on the achievements of the National State Investment Program (NSHIP). The success of NSHIP include (i) provision of legitimate operating funds at health facility level, something they have rarely, if ever, had before; (ii) provision of a clear signal of what is important to health providers; (iii) staff rewards based on their efforts, (iv) opportunity to innovate because of substantial autonomy given to the front-line health workers, especially the PHC officer-in-charge; and (v) strengthened supervision. The implementation of PBF has also faced a few challenges that are instructive, including: (i) delays in payment have a very deleterious effect on performance; (ii) the quality of management at facility level appears to be a constraint that needs

to be addressed; and (iii) the system relies on independent and robust assessments of performance. These factors and lessons learnt are embedded in the design of the BHCPF.

All these factors and lessons learnt are embedded in the design of the BHCPFP. The BHCPFP is to support the Government's program through the development of systems for the successful implementation of the BHCPF and expanding access to a basic package of minimum health services for beneficiaries.

1.2 Objectives of the Environmental and Social Management Framework (ESMF)

The objective of the Environmental and Social Management Framework (ESMF) is to improve and enable support for an effective and informed decision making that will ensure that implementation processes during the execution of all sub-project activities such as rehabilitation works and all other works considered or to be considered are undertaken in an environmentally sound and sustainable manner, encourage stakeholder consultation and participation and enhance social wellbeing.

Also, the ESMF ensures that in-country capacity, regulatory framework, principles and procedure are established to provide the basis for environmental assessment (EA) of all sub-projects.

The specific objectives of the ESMF are to:

- Provide a structure/strategy for the integration of social and environmental consideration into all stages of the project including program planning, design, execution and operation of various sub-projects;
- Identify potential environmental and social Nigeria's policies, legislation, regulatory and administrative frameworks in conjunction with the World Bank's Safeguard Policies. Where gaps exist between these policies, make recommendations to bridge the gaps in the context of the proposed project;
- Establish clear procedures and methodologies for incorporating environmental and social management requirements including stakeholder engagement in the implementation of all sub-projects;
- Develop a comprehensive baseline for the project, including a review of the biophysical and socio-economic characteristics of the environment, highlighting the major constraints that need to be taken into account in the course of the project implementation;
- Assess the potential environmental and social impacts (positive and negative) of the different project components and recommend appropriate mitigation measures and plans to reduce or mitigate negative environmental and social impacts and enhance the positive impacts of the project;

- Develop a proposed Environmental and Social Management Plan (ESMP) for the project as a whole (understanding that site specific activities may require site specific plans). The ESMF should recommend feasible and cost-effective measures to prevent or reduce significant impacts to acceptable levels, estimate the impacts and costs of those measures. Institutional responsibility for mitigation and monitoring should be clearly specified and articulated;
- Assess the current institutional ability at the community, local and state levels to implement the recommendations of the ESMF and make appropriate capacity strengthening recommendations;
- Develop an environmental and social screening process, including monitoring indicators for future rehabilitation activities capturing the below mentioned steps: Screening of investments; Assigning the appropriate environmental categories; Draft terms of reference to facilitate preparation of separate Environmental and Social Management Plans (ESMPs) during project implementation;
- Establish clear directives and methodologies for the preparation of Environmental and Social Management Plans (ESMPs) as might be needed for specific sub-projects
- Develop an outline review and approval process for the screening results and as necessary for separate ESIA/ESMP reports; and
- Develop and outline appropriate mitigation measures as well as an environmental and social monitoring framework with key indicators for envisioned activities; describe relevant institutions in charge of monitoring and their capacity strengthening measures.

1.3 Methodology and Study Approach

This ESMF was prepared in accordance with all applicable World Bank Safeguard Policies and the Nigerian environmental impact assessment guidelines.

The following approaches were applied:

- Data collection;
- Literature review;
- Potential environmental and social impact identification;
- Identification and proffering environmental and social impact mitigation measures; and
- Preparation of the ESMF.

1.3.1 Data Collection

Relevant environmental and social baseline data pertaining to the three states of Abia, Niger and Osun were collected, discussed and analyzed. Baseline data reviewed included data on

- Physical Environment (Air, climate, soil, topography, vegetation, water)
- Demography
- Socio-economics

1.3.2 Literature Review

This approach was based on the review of available literature. Documents consulted in the process of preparing the ESMF study include:

- Baseline information relating to the physical, biological and socio-cultural environment of Abia, Niger and Osun State;
- Federal and State (Abia, Niger and Osun) environmental laws, Regulations, Acts, Policies and Guidelines;
- FMEV Environmental Impact Assessment Act (Decree No. 86). 1992;
- Draft Project Appraisal Document (PAD);
- World Bank Safeguards Policies; and
- ESMF's prepared for other World Bank projects in Nigeria: Second HIV/AIDS Program Development Project (HPDP 2).

1.3.3 Stakeholder Consultations

Consultations was also held with the Federal Ministry of Health (FMOH), The National Primary Healthcare Development Agency (NPHCDA) and the National Health Insurance Scheme (NHIS). Consultations (interviews and discussions) were carried out with all relevant Stakeholders of the various participating states (Abia, Niger and Osun). More details of the consultation is presented in Chapter Seven. Major issues discussed with the various stakeholders included

- Objectives of the ESMF
- The potential environmental and social impacts associated with the proposed activities
- Challenges with healthcare waste management
- Institutional responsibilities to implement the ESMF

CHAPTER TWO: LEGAL AND REGULATORY FRAMEWORK

This Chapter outlines and provides a review of existing policies, legislations and regulations. It identifies the requirements that guide the implementation of the ESMF in addition to an assessment of the institutional framework for the implementation of the sub-projects.

There are several relevant Nigerian Acts and Regulations that are relevant to this project. Also, as this Project is being financed by the World Bank, its guidelines are paramount and are discussed.

There must be harmony between both sets of frameworks but should there be any discrepancies between these, the guidelines of the World Bank shall supercede those of the country.

2.1 Nigeria's National Policies

2.1.1 National Health Policy (Revised 2016)

This policy was promulgated in 1988 and was first revised in 2004. However, recent developments have necessitated its further review and improvement. It was approved in September 2016.

The 2016 National Health Policy is thus an improvement on both the 1988 and 2004 National Health Policies and takes into account the Millennium Development Goals (MDGs), the Sustainable Development Goals (SDGs) as well as recent emerging health issues and endemics, the provisions of the recent National Health Act (2004) and the Primary Health Care Under One Roof (PHCUOR).

Initiated by the Federal Ministry of Health (FMOH), the vision of this policy is to provide universal health coverage (UHC) to all Nigerians which was the same purpose of the 1988 NHP. It also advocates that the PHC will continue to be the basic philosophy and central focus for national health development.

Overall Policy Objective of this policy document is to strengthen Nigeria's national health system such that it would be able to provide effective, efficient, equitable, quality, accessible, acceptable, affordable and comprehensive health services to all Nigerians that will improve the health status of Nigerians. The policy objectives include:

- secure a quality of environment adequate for good health and well-being;
- conserve and use the environment and natural resources for the benefit of present and future generations;

- restore, maintain and enhance the ecosystems and ecological processes essential for the functioning of the biosphere to preserve biological diversity and the principle of optimum sustainable yield in the use of living natural resources and ecosystems;
- raise public awareness and promote understanding of the essential linkages between the environment, resources and development, and encourage individuals and communities participation in environmental improvement efforts; and
- co-operate with other countries, international organizations and agencies to achieve optimal use of trans-boundary natural resources and effective prevention or abatement of trans-boundary environmental degradation.

2.1.2 National Policy on the Environment (Revised 2016)

This policy was promulgated in 1991 and was first revised in 1999. In 2016, it was revised and adopted in February to capture emerging environmental issues and concerns. The purpose of this National Policy on the Environment is to define a new holistic framework for guidance and management of the environment as well as natural resources of the country. Its roots stem from section 20 of the Constitution of the Federal Republic of Nigeria (1999). The policy objective includes:

- securing a quality of environment adequate for good health and well-being;
- promoting sustainable use of natural resources and the restoration and maintenance of the biological diversity of ecosystems;
- promoting an understanding of the essential linkages between the environment, social and economic development issues;
- encouraging individual and community participation in environmental improvement initiatives;
- raising public awareness and engendering a national culture of environmental preservation; and
- building partnership among all stakeholders, including government at all levels, international institutions and governments, non-governmental agencies and communities on environmental matter.

2.2 Acts

2.2.1 Environmental Impact Assessment Act - CAP. E12 L.F.N. 2004

The main objectives of this Act includes

- a) to carry out an EIA on all projects likely to have significant impact on the environment
- b) Encourage information exchange and consultation between all stakeholders when proposed activities are likely to have significant impact on the environment.

This EIA Act sets out processes and methods through which an EIA should be conducted in Nigeria and also lays out minimum content of environmental impact assessment report.

2.2.2 National Health Act, 2014

This Act provides a framework for the regulation, development and management of a national health system and set standards for rendering health services in the federation, and other matters connected to this. Thus this Act is geared towards promotion, improvement and maintenance of the health of the citizens of Nigeria as well as the formulation of policies related to the health of Nigerians.

2.2.3 National Primary Health Care Development Agency Act CAP. N69 L.F.N. 2004

This Act established the National Primary Health Care Development Agency (NPHCDA) which is to provide support to the National Health Policy with particular emphases on primary health care. The agency is charged with promoting primary health care, promoting health system research, to provide support to the national health policy as well as promoting women participation in primary health care.

2.2.4 National Health Insurance Scheme Act CAP. N42 L.F.N. 2004

This Act aims at providing health insurance to insured persons and their dependants the benefit of prescribed good quality and cost effective health services as set out in this Act. The objectives of this Act are

- Ensure that every Nigerian has access to good health care services;
- Protect families from the financial hardship of huge medical bills;
- Limit the rise in the cost of health care services; (d) ensure equitable distribution of health care costs among different income groups;
- Maintain high standard of health care delivery services within the Scheme;
- Ensure efficiency in health care services;
- Improve and harness private sector participation in the provision of health care services;
- Ensure adequate distribution of health facilities within the Federation;
- Ensure equitable patronage of all levels of health care; and
- Ensure the availability of funds to the health sector for improved services.

2.2.5 National Environmental Standards and Regulations, Enforcement Agency Act, 2007

This Act provides for the establishment of the National Environmental Standards and Regulations Enforcement Agency charged with responsibility for the protection and development of the

environment in Nigeria; and for related matters such as biodiversity, conservation and sustainable development of Nigeria's natural resources in general and environmental technology. Relevant sections of this Act include

Section 7: Authority to ensure compliance with all of Nigeria's environmental laws and treaty obligations; and

Section 8 (1) K and Section 27: Authority to make and review regulations on air and water quality, discharge of effluents and other harmful substances as well as control of other forms of environmental pollution.

The main objective of the agency is therefore to enforce compliance with laws, guidelines, policies and standards on environmental matters. They are also charged with the responsibility for the protection and development of the environment, biodiversity conservation and sustainable development of Nigeria's natural resources in general and environmental technology, including coordination and liaison with relevant stakeholders within and outside Nigeria on matters of enforcement of environmental standards, regulations, rules, laws, policies and guidelines.

2.2.6 Nigerian Urban and Regional Planning Act CAP. N138 L.F.N. 2004

This Act facilitates the preparation and implementation of development plans and planning schemes, with a view of creating a better environment for living, working and recreation.

Relevant Sections of this Act are:

Section 30: Requirement for a building plan by a registered architect before commencement of any building project

Section 39: Making the acceptance of a land development plan contingent on proof it would not harm the environment or constitute nuisance to the community

Section 72: Mandates the preservation of the environment through tree planting and other environmental conservation practices

Section 74: Ensures effective control in special cases like wasteland

2.2.7 Harmful Waste (Special Criminal Provisions, etc.) Act 1988

This Act declares all activities relating to the purchase, sale, importation, transit, transportation, deposit, storage of harmful wastes are prohibited and declared unlawful. As from the commencement of this Act, any person who, without lawful authority: (a) carries, deposits, dumps, or causes to be carried, deposited or dumped, or is in possession for the purpose of carrying, depositing or dumping, any harmful waste on any land or in any territorial waters or contiguous zone or Exclusive Economic Zone of Nigeria or its inland waterways; or (b) transports

or causes to be transported or is in possession for the purpose of transporting any harmful waste; or (c) imports or causes to be imported or negotiates for the purpose of importing a harmful waste; or (d) sells, offers for sale, buys or otherwise deals in any harmful waste, shall be guilty of a crime under this Act.

By this Act it is illegal and unlawful to dump harmful waste in the air, land or waters of Nigeria. It prohibits and criminalizes unauthorized transportation, depositing or dumping of harmful waste on any land, territorial Waters, contiguous zone, Exclusive Economic Zone (EEZ), or inland Water ways of Nigeria.

2.2.8 Factories Act, Cap F1, LFN 2004

Provides a legal framework for the regulation of safety standards for the operation of factories in Nigeria as well as the protection of workers exposed to occupational hazards. The Act tends to set out minimum standards for a clean working environments and advocates for a conducive environment that is well ventilated, with good drainage, adequate lighting and not over crowded.

2.2.9 Federal Environmental Protection Agency Act CAP. F10 L.F.N. 2004

This Act establishes the Federal Environmental Protection Agency as a body corporate and charges it with the responsibilities of environmental protection. Following the upgrading of the agency to a Federal Ministry of Environment (FMEnv) in January 2007, the Ministry was mandated to coordinate environmental protection and natural resources conservation for sustainable development.

2.2.9.1 State Environmental Protection Agencies (SEPA) Act

By virtue of Section 25 of the FEPA Act, States in Nigeria are given the power to set up their individual Ministries of Environment and Environmental Protection Authorities (SEPA).

Table 2.1 State legislation that are relevant to this Project

STATE LAW AND EDICTS	REGULATORY BODIES	FUNCTIONS AND OBJECTIVES
Abia State Environmental Protection Law	Abia State Ministry of Environment	<ul style="list-style-type: none"> ▪ Co-ordination of environmental protection and natural resources conservation for sustainable development. ▪ Securing quality environment adequate for good health and well being ▪ Promotion of sustainable natural resources and forest reserves ▪ Restoration and maintenance of the eco-system and preservation of bio-diversity. ▪ Raising of public awareness and promotion of understanding of linkages between environment and development ▪ Co-operation with Government bodies and international organizations on environmental matters, ▪ Flood and erosion Control. ▪ Pollution Control and environmental Health.
	Abia State Environmental Protection Agency (ASEPA)	It is a parastatal of Abia State Ministry of Environment charged with the responsibility of safeguarding the environment <ul style="list-style-type: none"> ▪ Conduct research on matters relating to environment ▪ Raise awareness on environmental issues in the state
Osun State Environmental Protection Agency Law	Osun State Ministry of Environment and Sanitation	<ul style="list-style-type: none"> ▪ Formulate, monitor and evaluate government policy on environment; ▪ Control and monitor all forms of environmental degradation and pollution ▪ conserve, protect and enhance the environment, the ecosystem and ecological process essential for preservation and development of both flora and fauna with a view to ensuring the richness of biodiversity; ▪ Supervise and monitor and evaluate all projects by donor Agency relating to the environment;
	Osun State Environmental Protection Agency (OSEPA)	<ul style="list-style-type: none"> ▪ Prosecuting offenders who disobey government sanitation policies. ▪ Maintain and beautify the State forest reserves. ▪ Raise revenue for the State. ▪ Beautification of the State, campaign aimed at tree planting ▪ Sensitizing and mobilizing citizens on positive environmental behaviours
Niger State Environmental Protection Agency Law	Niger State Ministry of Environment	<ul style="list-style-type: none"> ▪ Ensure environmental protection ▪ Natural resources conservation and sustainable development. ▪ Securing a quality environment conducive for good health and well-being of fauna and flora. ▪ Promoting sustainable use of natural resources.
	Niger State Environmental Protection Agency (NISEPA)	<ul style="list-style-type: none"> ▪ The environmental protection and the development of the environment of the state ▪ Protection of the environment and biodiversity conservation and sustainable development in Niger State ▪ Coordinate urban and regional planning and liaise with federal, state, local government, public and private organizations ▪ Collaborate with federal government through the ministry of environment in conducting public investigation on major environmental pollution. ▪ Monitor water, air land and natural resources quality. ▪ Promote environmental education and awareness.

2.3 Regulations

Table 2.1 below shows the Regulations relevant to this Project

Table 2.2: Relevant Regulations Related To the BHCPFP

S/N	REGULATION	DESCRIPTION
1	National Environmental (Sanitation and Wastes Control) Regulations, 2009	The purpose of this Regulation is to provide the legal framework for the adoption of sustainable and environment friendly practices in environmental sanitation and waste management to minimize pollution.
2	National Environmental (Noise Standards and Control) Regulations, 2009.	The main objective of the provisions of this Regulation is to ensure tranquility of the human environment or surrounding and their psychological well-being by regulating noise levels.
3	National Environmental (Surface and Groundwater Quality Control) Regulations, 2010	The purpose of this Regulation is to restore, enhance and preserve the physical, chemical and biological integrity of the nation's surface waters, and to maintain existing water uses.
4	National Environmental (Control of Vehicular Emissions from Petrol and Diesel Engines) Regulations, 2010	The purpose of these regulations is to restore, preserve and improve the quality of air. The standards contained herein provide for the protection of the air from pollutants from vehicular emission.
5	National Environmental (Construction Sector) Regulations, 2010. S. I. No. 19.	The purpose of these Regulations is to prevent and minimize pollution from Construction, Decommissioning and Demolition Activities to the Nigerian Environment.
6	National Effluent Limitation Regulations, 1991	This Regulation requires that every industry shall install anti-pollution equipment for the detoxification of effluent and chemical discharges emanating from the industry and specify selected waste water parameters for the industries in the First Schedule to these Regulations. The anti-pollution equipment shall be based on the Best Available Technology (BAT), the Best Practical Technology (BPT) or the Uniform Effluent Standard
7	National Environment Protection (Pollution Abatement in Industries and Facilities Producing Waste) Regulations, 1991	By this Act, no industry or facility shall release hazardous or toxic substances into the air, water or land of Nigeria's ecosystems beyond limits approved by the Federal Environmental Protection Agency. Discharge, including solid, gaseous and liquid waste from any industry or facility shall be analyzed and reported to the nearest office of the Agency
8	National Environmental Protection (Management of Solid and Hazardous Wastes) Regulations 1991	This Regulation regulates the handling and management of solid, radioactive and (infectious) hazardous waste. It defines the objectives of management of solid and hazardous waste, the functions of appropriate Governmental agencies and the obligations of industries. It also classifies waste, makes provision for contingency plans, emergency procedures, groundwater protection, ground water monitoring requirements.

2.4 International Environmental Treaties

Nigeria is a signatory to several international treaties. Treaties relevant as regards the BHCPPF are shown in Table 2.3 below

Table 2.3: Relevant Treaties Related To the BHCPPF

S/N	TREATIES	DESCRIPTIONS
1	Basel Convention on the Control of Trans-boundary Movements of Hazardous Waste and their Disposal (1992)	Nigeria ratified this treaty in March 1991 and it came into effect in 1992. It is a treaty designed to reduce the movements of hazardous waste between nations, and to prevent the illegal transfer of hazardous waste between developed and under-developed countries. Annex 1 of this treaty lists hazardous wastes while the Annex 3 lists characteristics. For a substance to be a hazardous waste it must be listed on Annex 1 and possess the characteristics on Annex 3. Characteristics include such as being explosive, flammable, toxic and/or corrosive.
2	Rotterdam Convention on Prior Informed Consent (1998)	Nigeria ratified this treaty in October 2001 and it came into effect in February 2004. This treaty promotes shared responsibilities in relation to importation and international trade of hazardous chemicals (such as mercury compounds) and pesticides (such as 1, 2-Dibromoethane and Polychlorinated biphenyl).
3	Stockholm Convention on Persistent Organic Pollutants (2002)	Nigeria signed this treaty in 2001 and it became effective in May 2004. This treaty aims to eliminate or restrict the production and use of Persistent Organic Pollutants (POPs).

2.5 Other Relevant Treaties and Conventions

Table 2.4 below shows other relevant treaties and Conventions to which Nigeria is a signatory to.

Table 2.4: Other Relevant Treaties and Conventions Related To the BHCPPF

S/N	TREATIES AND CONVENTIONS	YEAR
1	The Framework Convention on Climate Change, Kyoto Protocol	1995
2	The African Convention on the Conservation of Nature and Natural Resources, the African Convention	1968
3	The convention on International Trade in Endangered Species of Wild Fauna and Flora, CITES	1973
4	The Convention Concerning the Protection of the World Cultural and Natural Heritage, the World Heritage Convention	1972
5	The Convention on the Prevention of Marine Pollution by Dumping of Waste, MARPOL	1972
6	The Convention on Biological Diversity	1992

2.6 World Bank Safeguard Policies

The World Bank’s 10 + 2 environmental and social safeguard policies are a cornerstone to its support to sustainable poverty reduction. The objective of these policies is to prevent and mitigate undue harm to people and their environment in the development process. Any project that is likely to pose any form of adverse environmental impact will trigger OP 4.01. Thus, the safeguard policy triggered by this project is Environmental Assessment OP/4.01. For the BHCPFP, OP 4.01 is being triggered. See Table 2.5 for other Safeguard Policies and Annex 2


2.6.1 Safeguard Policies Triggered by BHCPFP

2.6.1.1 OP 4.01 Environmental Assessment: For the proposed BHCPFP, under Component 1b, there is expected to be subprojects which will involve minor repairs such as painting, plastering, replacing doors/windows, leaking roof, and done in accordance with national and local laws and procedures. These subprojects are envisage to have minimal impact on the environment and thus the BHCPFP has been classified as a Category B project. See Annex 2 for more explanation.

When there is civil works expected to impact on the environment, such project/subprojects trigger OP 4.01 Environmental Assessment. OP 4.01 is used to identify, avoid, and mitigate the potential negative environmental impacts associated with projects funded by the bank and enhance the effectiveness of the positive impacts. OP4.01 is the only Safeguard Policy triggered by the BHCPFP.

When a project is expected to have subprojects, a range of instruments can be used to satisfy the Bank's EA requirement: environmental impact assessment (EIA), regional or sectoral EA, strategic environmental and social assessment (SESA), environmental audit, hazard or risk assessment, environmental management plan (EMP) and environmental and social management framework (ESMF). For the BHCPFP the ESMF is being used to satisfy this policy. See Section 1.2

Table 2.5: World Bank Safeguard Policies

S/N	WORLD BANK SAFEGUARD POLICIES	TRIGGERED
1	Environmental Assessment (OP 4.01)	
2	Natural Habitats (OP 4.04)	X
3	Pest Management (OP 4.09)	X
4	Indigenous Peoples (OP 4.10)	X
5	Cultural Property being revised as OP 4.11)	X
6	Involuntary Resettlement (OP 4.12)	X
7	Forests (OP 4.36)	X
8	Safety of Dams (OP 4.37)	X
9	Projects on International Waterways (OP 7.50)	X
10	Projects in Disputed Areas (OP 7.60)	X

More details of World Bank’s Safeguard Policies are included in Annex 2

CHAPTER THREE: PROJECT DESCRIPTION

The aim of the proposed Basic Healthcare Provision Fund Project (BHCPFP) is to support the Government’s program through the development of systems for the successful implementation of the BHCPF and expanding access to a basic package of minimum health services for beneficiaries. Ultimately, the establishment of the primary healthcare system building blocks will allow the government to better deliver a basic package of PHC services known as the Basic Minimum Package of Health Services (BMPHS) to poor and rural Nigerians more effectively and efficiently.

3.1 Project Objectives

The project development objective is to provide access to basic minimum package of health services to beneficiaries through a BHCPF system.

3.2 Project Components

The project will provide support for the design and implementation of the start-up phase of BHCPF. This will involve supporting the set-up of the BHCPF institutional framework and delivery systems and launching the BHCPF in three states of the federation through two components: (i) strengthening service delivery through BHCPF; and (ii) strengthening national, federal and local systems to implement BHCPF. In addition possible repairs and renovations would under the Utilization and verification of the DFF payments of Sub component 1b. See

Component 1: Strengthening service delivery through BHCPF (US\$16 million): This component supports two distinct mechanisms of health financing for primary health care providers: (i) a Fee-For-Service (FFS) approach to purchase high-impact maternal and child health services through accredited providers; and (ii) Decentralized Financing for Facilities (DFF)—lump-sum transfers made directly to public health facilities to meet the operating expenses of the facilities. This component is setting up and testing the delivery systems of these two payment mechanisms to inform BHCPF implementation and scale-up.

Sub-component 1a: Strengthening service delivery through Fee-for-Service approach (US\$ 8.4M)¹

This sub-component is financing the Fee-for-Service payment mechanism, which pays **accredited** public and private primary care providers in rural areas based on the quantity of

¹ The amounts allocated to each of the sub-components have been made to reflect the 50%/45% ratio as mandated by the NHAct for the NHIS & NPHCDA gateways respectively.

high-impact maternal and health services provided. The beneficiaries under this payment mechanism will receive the selected services for free at the accredited facilities.

A Fee-for-Service (FFS) financing mechanism pays health facilities on the basis of services rendered. This allows for the available health financing to be prioritized to deliver high-demand and high-impact health services. Under FFS for example, if a PHC fully immunized 100 children in the last quarter, with the tariff (*fee*) of \$3 per child fully immunized, the facility would earn \$300 for providing immunization services through FFS mechanism—this payment structure incentivizes the PHCCs to increase access to, and generate community-level demand for essential vaccination services.

The FFS mechanism under this component will prioritize and pay for ten highly cost-effective interventions focused on maternal and child health which covers more than 60 percent of disease burden of the country. There are four maternal health interventions for pregnant women (Anti Natal Care (ANC), labor and delivery, emergency, obstetric and neonatal care and caesarean section), two interventions for under-fives (curative care and immunization), one reproductive and adolescent health intervention (family planning), and, treatment of malaria and screening of select² NCDs for all Nigerians.

This sub-component engages and incentivizes the private sector to provide primary care in rural areas, and creates a level playing field between public and private providers. At the startup phase of BHCPF, only rural providers will be eligible to apply for the accreditation process because of a deliberate pro-poor stance.

The accreditation system will initially be simple to evaluate and contract both public and private primary care providers in rural areas that can deliver prioritized maternal and child health services through the FFS mechanism. The criteria will be updated with stricter quality standards as the take-up and service quality improves.

FFS payment and verification process: A robust electronic payment and verification system will be used to process claims and payments, with facilities enrolled for FFS payments paid quarterly based on services claimed and verified. This ex-ante verification will be checked and validated further with an independent ex-post verification of a sample of facilities each quarter.

Utilization of FFS funds: Private sector paid through the FFS mechanism are not restricted in use of their funds. However, they are encouraged to utilize funding received for continuous quality improvement and operations of their facilities. The public primary care providers paid through the FFS system have the same restrictions on the FFS funds as the decentralized financing funds explained in paragraph (0) below.

² Urinalysis screening test for diabetes and blood pressure check for cardiovascular disease screening

Sub-component 1b: Strengthening service delivery through Decentralized Financing of Facilities (US\$ 7.6M)

This component pays for decentralized health financing of public primary health facilities in rural areas. The facilities are provided with lump-sum payments for operational expenses. These funds are not linked to performance, similar to the DFF payments under NSHIP. At least one public PHCC per ward in each rural LGA will be enrolled to be paid operational expenses through this financing mechanism.

DFF payments can propel public primary care providers towards a virtuous path of improved health service coverage and quality. The lump-sum operational budgets disbursed directly to the public facilities will allow the front-line public providers in rural areas to improve service delivery at the last mile. In addition to improving coverage of health services, public PHCCs can use these lump sum operational budgets to improve their service quality so that they qualify for FFS accreditation—public providers are eligible to receive funds under DFF and FFS system as long as they meet the FFS accreditation criteria³.

Utilization and verification of the DFF payments: The DFF funds can be used for (i) essential drugs and consumables and transportation for stocking up on vaccines; (ii) repair and maintenance of facilities, equipment and medical transport vehicles; (iii) community outreaches; and (iv) demand generation activities. Public facilities cannot use the lump sum payments for expenses such as payments in cash or kind to the employed government staff of the health facility, air conditioning equipment; payments to any officials of the local, state, or federal governments, etc. The use of DFF funds will be verified through both ex-ante and an independent ex-post verification process.

Decentralized financing payment process: The enrolled PHCCs will receive a bulk grant through an electronic transfer each month. The operating budgets of public facilities are controlled by community-based health facility management committee, and the Ward Development Committee will be responsible holding their local facilities accountable for services delivered.

Component 2: Systems-strengthening to implement BHCPF (US\$4 million)

The objective of this component is to strengthen and consolidate the institutions and systems necessary for the implementation of BHCPF. This component (i) establishes a national coordinating secretariat for BHCPF; (ii) finances a rigorous system of verification that helps ensure value for money; (iii) creates robust electronic payment systems which would increase transparency and efficiency; (iv) supports and incentivizes performance by government actors at

³ Private providers are only eligible for the FFS system.

the state level; and (v) improves Monitoring and Evaluation (M&E) systems and data utilization by taking a results-based approach to health financing. Finally, the BHCPF is essentially a conditional inter-governmental fiscal transfer from the federal to state government which ensures that the states deliver on their service delivery functions in health and are held accountable for resources received.

Sub-component 2a: Strengthening the BHCPF national institutions & systems (US\$1.5 million)

This sub-component will finance (i) the establishment and operationalization of the Secretariat which is the national coordinating office for BHCPF implementation; and (ii) will also provide BHCPF operational support to federal organizations overseeing the FFS and DFF financing mechanisms.

2a.1 Building capacity of the Secretariat: The Secretariat [The Secretariat of the National Steering Committee] will serve as the PMU and will oversee the day to day running of the BHCPF operations and, monitor and coordinate the activities of the two gateways. This sub-component will fund (i) operational costs of setting up and running the Secretariat; (ii) hiring of any consultants needed to support the Secretariat; (iii) capacity building activities of employees at the federal and state level; and (iv) setting up a robust payment and management information system for BHCPF.

The subcomponent 2a.1, under the purview of the Secretariat, will also finance a “**Huwe**” **Card** for beneficiaries of the services provided by the FFS mechanism. These cards will be available to beneficiaries upon enrollment in the FFS system, and will allow beneficiaries to access **free care** for key maternal and child health conditions.

2a.2 Operational support for federal agencies implementing FFS and DFF: This sub-component will fund operations at the NPHCDA and NHIS related to BHCPF implementation. NPHCDA is the federal implementing agency of the DFF system, which oversees and provides technical support to the state-level DFF implementing agencies and releases timely payments to them. NHIS is the federal implementing agency of the FFS system, which manages the provider accreditation process, oversees and provides technical support to state-level FFS implementing agencies, and releases timely payments to them. This subcomponent will finance (i) monitoring and supervisory visits by the NPHCDA and NHIS to facilities and state-level agencies; and (ii) capacity building activities conducted by these national agencies at the state and local level.

2a.3 Citizen engagement: Under the management of the Secretariat, this sub-component finances communications, citizen engagement (CE), and grievance redress/complaints-handling necessary to ensure that (i) the BHCPF program is widely known and understood;

(ii) potential beneficiaries understand their rights, eligibility and services provided; and (iii) any complaints from the community, providers or state-level implementers are acknowledged and addressed promptly.

Sub-component 2b: Strengthening performance of state-level implementing agencies (US\$1.5 million)

SSHIA and SPHCDA are the state-level agencies responsible for the implementation of the FFS and the DFF system, respectively. SSHIA verify the claims submitted by the facilities enrolled in the FFS system, and both SSHIA and SPHCDA carry out routine (at least twice every quarter) ex-ante verification of quality and quantity of services delivered.

This sub-component will support the operational cost of the agencies, and use a performance framework to incentivize functions essential for verification, supportive supervision and capacity building.

2b.1 Operational support and performance frameworks for SPHCDA: This sub-component provides financing to SPHCDA that is partly operational support, and partly based on their performance in (1) supervising and mentoring public health facilities to receive FFS accreditation; (2) timeliness of operational funds transferred to the enrolled PHCCs; (3) timeliness of ex-ante verification of quality and quantity of services delivered by enrolled facilities; and (4) training and orientation of providers on DFF payment mechanism (NPHCDA gateway).

2b.2 Operational support and performance frameworks for SSHIA: This sub-component provides financing to SSHIA that is partly operational support, and partly based on their performance in (1) the number of facilities evaluated for the accreditation process, including of private facilities; (2) timeliness of FFS payments transferred to the enrolled health facilities; (3) timeliness of ex-ante verification of quality and quantity of services delivered by enrolled facilities; and (4) training and orientation of providers on FFS payment mechanism (NHIS gateway).

Subcomponent 2c: Monitoring and evaluation of BHCPF (US\$1 million)

Paying for results – rather than financing inputs – is a key design principle of the Project. Measuring results accurately and reliably at the desired intervals is therefore particularly critical given that payments to states, local governments and enrolled facilities are contingent on the results they achieve. The Project will also build in a rigorous impact evaluation to generate evidence on the effectiveness and efficiency of BHCPF, including the value for money of investments in the public versus the private sector. This evidence will help policy makers decide on how to expand BHCPF in Nigeria. This sub-component will: (i) verify data collected through a defined internal and external verification mechanism; and (ii) monitor the

progress on project performance improvements through periodic independent sample surveys for tracking changes at facility and household levels. This sub-component will be Bank-Executed.

This sub-component will finance the operating costs for strengthening oversight and management of the project, and an impact evaluation including household surveys and health facility surveys.

CHAPTER FOUR: BASELINE STUDIES

4.1 General Overview of Nigeria

Nigeria is located between latitude 9°4’N and longitude 7°29’E and is bordered by Benin in the west, Chad and Cameroon in the east, Niger in the north and the Atlantic Ocean in the south. It covers a geographic space of 923,768 square kilometres.

Nigerian population is estimated to be 177.5 million inhabitants and by 2100 the UN estimates that the Nigerian population will be between 505 million and 1.03 billion people. Population is distributed between rural and urban centres at 51.7% and 48.3% respectively. However, it has an average population density of 167.5 people per square kilometre.

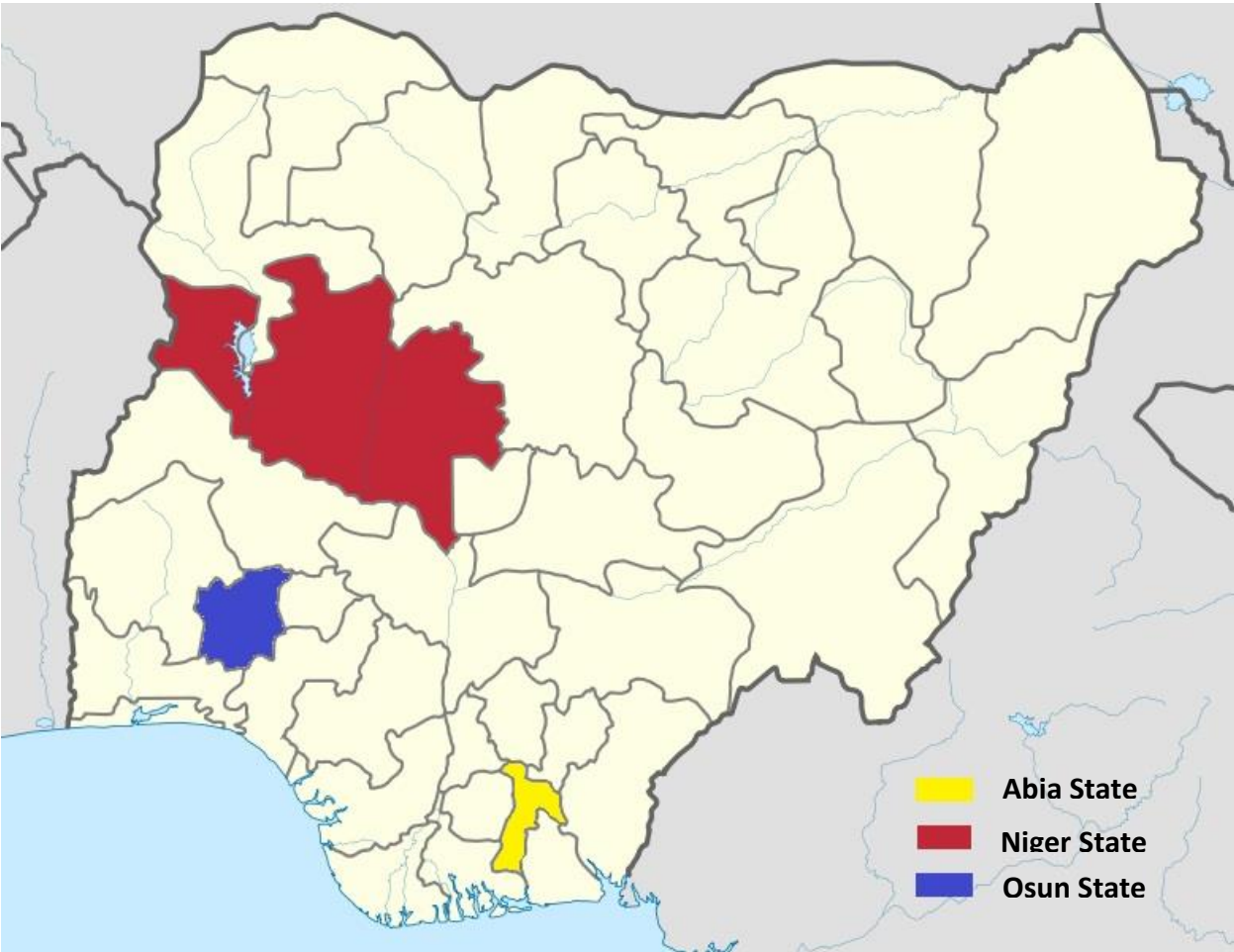


Figure 3.2: Map of Nigeria showing the three Participating States of Abia, Niger and Osun States

4.2 Environmental and Social Baseline for Osun State

4.2.1 Description and Location of Osun State

Osun State is an inland state in south-western Nigeria located between latitude 7°30'N and longitude 4°30'E; it covers a geographical area of 14,875 square kilometres. Its capital is Osogbo. It is bounded in the north by Kwara State, in the east partly by Ekiti State and partly by Ondo State, in the south by Ogun State and in the west by Oyo State. The modern Osun State was created in 1991 from part of the old Oyo State.

4.2.2 Physical Environment

4.2.2.1 Geology

The state is underlain by metamorphic rocks of the basement complex. Rocks of the basement complex found here are schists and are associated with quartzite ridges of the type found in Ilesa area. The metamorphic rocks are largely undifferentiated, but two specific rock groups may still be identified. They are found in the Ikire areas. Other parts of the state are underlain by undifferentiated metamorphic rocks.

4.2.2.2 Climate

The state witnesses an abundant annual rainfall, which, apart from making it well-drained, also lends credence to its amiable and congenial climatic and weather conditions. The annual rainy seasons, spanning up to eight (8) months are a great relief from the harshness of sunlight currently experienced in many parts of the country and the world at large.

4.2.2.3 Soil

The soils belong to the highly ferruginous tropical red soils associated with basement complex rocks. As a result of the dense humid forest cover in the area, the soils are generally deep and of two types, namely, deep clayey soils formed on low smooth hill crests and upper slopes; and the more sandy hill wash soils on the lower slopes.

The well drained clay soils of the hill crest and slopes are very important, because they provide the best soils for cocoa and coffee cultivation in the state. The lighter loams are more suitable for cultivating the local food crops, such as yam, cassava and maize. Soil degradation and soil erosion are generally not serious in the state, but considerable hill wash is recorded along the slopes of the hills.

4.2.2.4 Vegetation

The state is covered by secondary forest and in the northern part, the derived Savannah mosaic predominates. Originally, virtually all parts of the state had natural lowland tropical rain forest vegetation; but this has since given way to secondary forest regrowths. Among the reasons for this are fuel wood production, road construction, clay and sand quarrying and traditional farming practices.

Human interference, by way of cocoa plantation, has also replaced the forest. Hence, the natural tree species have given way to oil palm (*Elacis guinniensis*), gmelina and dense thickets. Mature forests still exist in the Owu forest reserve at the southern part of the State. Part of this high forest has recently been cleared to make way for forest plantations of *Tectona grandis* and *Gmelina arborea*.

4.2.2.5 Environmental Issues

The practice of dumping waste and littering refuse in compounds; the roads, footpaths, gutters, streams and rivers are said to be veritable targets, which consequently makes homes, offices, streets, roads and the entire environment to wear a dirty look. Flooding, erosion air and water pollution are also environmental issues in the state.

4.2.3 Economy

The major occupation of the people is farming, both of export and food crops. Arable farming in the state engages considerable migrant labour. The land tenure system, originally communal in nature, has long given way to individual tenure. This has considerably constrained access to land for agricultural and industrial purposes. For this reason, migrant tenant farmers are able to secure land on which they grow annual food crops, albeit on a temporary basis.

The food crops are diverse, ranging from yam, rice, maize, beans and cassava to vegetables. The farming practice is still predominantly rotational bush fallow, except in areas around urban concentrations where a combination of farmyard manure and fertilizers permit continuous cultivation. Osun State has considerable hectares of citrus fruits, especially oranges. These citrus farms are largely owned by private individuals. Cocoa is the main export crop grown in the state.

Minerals resources are also found in the state and these include gold, kaolin and others which are being extracted for the benefit of the state and the people.

4.2.4 Health

There are three teaching hospitals located at Ilife, Osogbo and Ilesa. There are also two federal health facilities located at Okuku and Imesille. There are six state hospitals each in Ede South, Ifelodun, Ife Central, Ilesa, Iwo and Osogbo Local Government Areas. Also, there are six General Hospitals located in Ife North, Ila, Ilesha West, Irewole and two in Oriade Local Government Areas.

In order to facilitate the equitable distribution of health facilities in the State, thirty seven Secondary Health Care Centres are located all across the State while at the local government level, there are more than 600 Primary Health Care Units located in all the Local Government Areas of the State.

4.3 Environmental and Social Baseline for Abia State

4.3.1 General Description and Location

Abia State is in the south-eastern part of Nigeria and is located between latitude 5°25'N and longitude 7°30'E. It covers a geographical area of 4,902 square kilometres. Its capital is Umuahia. The state is bounded in on the north and northeast by the states of Anambra, Enugu, and Ebonyi. To the west of Abia is Imo State, to the east and southeast are Cross River State and Akwa Ibom State, and to the south is Rivers State. Generally, the state is less than 120 metre above sea level. The modern Abia State was created in 1991 from part of the old Abia State.

4.3.2 Physical Environment

4.3.2.1 Geology

There are two major formations in the State. First, the Benin Formation is prevalent and completely overlies the Bende-Ameki formation with a southward dip. The Formation is about 200m thick. The lithology is unconsolidated fine-medium-coarse-grained cross-bedded sands occasionally pebbly with localized clay and shale. The second formation, the Bende-Ameki geological formation consists of medium-coarse-grained white sand stones.

4.3.2.2 Climate

The state is dominated by two seasons namely: the rainy season (March to October); and the dry season (November to March). Heavy thunderstorm are characteristic at the start of the rainy season. The total rainfall decreases from 2200mm in the south to 1900mm in the north. The hottest months as are January to March when the mean temperature is above 27°C. The relative

humidity is usually high throughout the year, reaching a maximum during the rainy season when values above ninety percent are recorded.

4.3.2.3 Soil

Soils in Abia State are categorized as ferrallitic soils of the coastal plain sand and escarpment. There are also alluvial soil types along the lower terrace of the Cross River and other rivers. These soils are susceptible to leaching due to heavy rainfall and are not very fertile soils.

4.3.2.4 Vegetation

The southern part of the State lies within the riverine part of Nigeria. It is low-lying tropical rain forest which is the dominant natural vegetation in most parts of southern Nigeria. The northern parts of the state is abundant in Savannah vegetation which the bamboo (*Dendrocalamus strictus*) is a typical grass species.

4.3.2.5 Environmental Issues

Because of the soil types, the major environmental issues in the state is erosion specifically sheet and gully erosion. This is because of the heavy rainfall the state receives. Also flooding is another environmental issues of the state though this is enhanced by human activities such as poor sanitation, illegal and indiscriminate dumping of refuse dumps and poor drainages.

4.3.3 Economy

Though agriculture is predominant and employs over 70% of the population, it contributes only 27% to the GDP of the state. Major crops planted include maize, cassava, yam, palm produce and vegetables. The economic trees of the rainforest community are extremely numerous in species and varied in sizes, but the oil palm appears to be the most important. The main food crops grown are yam, cassava, rice, cocoyam and maize while the cash crops include oil-palm, rubber, cocoa, and banana.

There are over 100 oil wells thus crude oil and gas production is also a prominent activity, and contributes over 39% to the State's GDP. The state also engages in textile manufacturing, pharmaceuticals, soap, plastics, cement, footwear, and cosmetics.

4.3.4 Health

There are two tertiary hospitals, the Federal Medical Centre and the Abia State University Teaching Hospital located in Umuahia and Aba respectively. Both serve as referral hospitals in the State. Abia State has over 200 primary healthcare centres located across the state most of which were constructed under the Community and Social Development Project (CSDP) which was the outcome of an agreement between the Federal Government and the World Bank.

4.4 Environmental and Social Baseline for Niger State

4.4.1 General Description and Location

Niger State is the largest state in Nigeria by geographical space. It is bordered in the north by Zamfara State, to the northwest by Kebbi State, to the south by Kogi State, to southwest by Kwara State; while Kaduna State and the Federal Capital Territory border the state to the northeast and southeast, respectively. It also shares international boundaries with the Republic of Benin. It is located between latitudes 8°20'N and 11°30'N and longitude 3°30'E and 7°20'E; and covers a geographical space of 76,000 square kilometres.

4.4.2 Physical Environment

4.4.2.1 Geology

Niger state is dominated by two major rock formations. These are the Basement complex rocks and the sedimentary rocks. The Sedimentary rocks are located in the southern parts of the states and are characterized by sandstones as well as alluvial deposits (particularly along the River Niger valley and parts of Borgu, Bida, Agaie, Lapai, Mokwa, Lavun, Gbako and Wushishi LGAs). The northern part of the state is dominated by the basement complex rocks and is characterized by inselbergs which can be found all along the vast topography of rolling landscape.

4.4.2.2 Climate

The state is dominated by two distinct seasons namely the dry season and the wet season. Rainfall in the state varies from 1600mm in the south to 1200mm in the north and the duration of the rainy season ranges from 150 to 210 days or more from the north to the south. Temperature is usually high throughout the year with the hottest months being between February and April. In December and January, the State experiences the lowest minimum temperature when most parts of the state come under the influence of the tropical continental air mass which blows from the north. The Dry season in Niger State commences in October.

4.4.2.3 Soil

The state is has three major soil types. These are the ferruginous tropical soils (which is the most prevalent), hydromorphic soils and ferrosols. The ferriginous soils are fertile and make good soils for the cultivation of guinea corn, millet, groundnuts and maize. Hydromorphic or waterlogged soils are largely found along the River Niger flood plains. These soils are greyish and poorly drained.

4.4.2.4 Vegetation

The entire state is dominated by the Southern Guinea Savannah and is characterized by woodlands and tall grasses. However, within the Niger trough and flood plains occur taller trees and a few oil palm trees. In some areas, traces of rain forest species can be seen.

4.4.2.5 Environmental Issues

The major environmental issue in the state is flooding particularly when the River Niger overflows its banks. Another environmental challenge is bush burning and deforestation.

4.4.3 Economy

Agriculture is the predominant activity of the economy and serves as a source of livelihood for as high as 90 percent of the population. Crops grown include guinea corn, millet, maize and rice), grains and legumes (cowpea, bambara nuts), root and tubers (yam, cassava and potatoes), oil seeds and nuts (soyabeans, sheanuts, groundnut, beniseed and melon), fruits (mango, orange, banana, cashew and guava) fibres (cotton and kenaf) and others such as vegetables and sugar cane.

4.4.4 Health

There are four major health institutions in the state. There is a School of Midwifery, School of Health Technology both located in Minna while there is a School of Nursing and a School of Health Technology at Bida and Tugan Magajiya respectively. These provide the middle manpower needs of the state in the health sector.

Niger State has a Federal Medical Centre at Bida, a State Specialist Hospital at Minna and a Other General Hospitals are located in Bida, Minna, Kontagora, Suleja and Lapai. Also, there are eight Rural Hospitals located at Agaie, Mokwa, Lemu, Paiko, Kuta, Wushishi, Agwara and New Bussa.

In addition to these, there are 256 Primary Healthcare Centres with at least one located in each Local Government Area in the State. There are over 160 private health care establishments (clinics, maternity homes, etc) in the State.

CHAPTER FIVE: POTENTIAL ENVIRONMENTAL AND SOCIAL RISK

The BHCPFP is expected to impact positively on the health and socio-economic development of the three participating states. It is expected to improve the general well-being of persons living in the participating states through easier and free access to healthcare facilities and services.

During the various phases of the BHCPFP implementation, it is expected that there will be environmental and social and health risks which will range from minor civil works (refurbishment) to wastes management (civil and health care wastes).

5.1 Potential Environmental and Social Impacts

The proposed BHCPFP is not envisaged to involve any major civil works, such as new construction or significant rehabilitation of existing buildings in the three participating States. It may however, involve minor repairs such as painting, plastering, replacing doors/windows, leaking roof, and done in accordance with national and local laws and procedures. Operational Policy (OP) 4.01 on Environmental Assessment is triggered given the potential environmental concerns around the handling of Health care waste resulting from project related activities such as vaccination and routine immunization that generate healthcare waste such as expired vaccines and sharps. Table 5.1 on the following page shows the Potential Environmental and Social and the mitigation measures.

5.1.1 Mitigation Measures

Mitigation measures designed for the BHCPFP seek to produce enhancement measures for implementation to ensure the project are environmentally sustainable and socially acceptable. Thus it is intended to safeguard the environment as well as protect human health and safety while ensuring development continues in the most sustainable way.

The main aims of any mitigation process are:

- To discover and suggest better alternatives to producing better sustainable projects and environments
- To improve and enhance the environmental and social benefits of the proposed project
- To avoid, reduce, eliminate and or remedy adverse impacts a proposed project can have on the environment.

Table 5.1: Potential Environmental and Social Risks and Suggested Mitigation Measures

S/N	ENVIRONMENTAL PARAMETER	DESCRIPTIONS	SUGGESTED MITIGATION MEASURES
1	AIR POLLUTION AND QUALITY	<ul style="list-style-type: none"> Air pollution may arise from the indiscriminate open air burning of woods, plastics and other wastes generated during and from the rehabilitation works. Air pollution could also occur from using diesel powered generator sets and vehicles with poor or high emission rates. All these activities would negatively affect air quality. 	<ul style="list-style-type: none"> Indiscriminate burning of wastes at site should be avoided to reduce air pollution. Waste should be evacuated at least once a week All waste should be directed to an approved storage and dumpsite.
2	GROUNDWATER AND SURFACE WATER CONTAMINATION	<ul style="list-style-type: none"> Improper waste management could lead to leachate produced flowing into surface waters and contamination could occurs Infiltration of wastes such as contaminated swabs, expired vaccines, can find their way into surface water drainages causing contamination. 	<ul style="list-style-type: none"> Waste must be collected and segregated at each point of generation Waste must be stored in appropriate bags/containers
3	PUBLIC HEALTH HAZARDS	<ul style="list-style-type: none"> Increase in generation wastes such as expired vaccines and hazardous health waste generated by HCF if not managed properly could accumulate, produce foul smells, and attract insects and rodents which inevitably would have health implications on the general public. There are also risk associated with these waste if not handled properly and kept away from the public. Such risk could come from open burning of HCW 	<ul style="list-style-type: none"> Waste generated on-site should be evacuated at least once a week Waste should be stored inside impermeable containers container
4	PUBLIC SAFETY	<ul style="list-style-type: none"> Public access to HCW could pose hazards to the public as such areas could possess needles and other sharp objects. 	<ul style="list-style-type: none"> Prohibition of access to the wastes storage site by any person having no work permits. Proposed HCW site should be clearly marked and cordoned off any access by the public
5	OCCUPATIONAL HEALTH & SAFETY	<ul style="list-style-type: none"> Staff handling and use of dangerous substances and wastes and inhaling fumes will expose the workers to occupational health risks. Medical personnel and waste handlers are exposed to dangerous and infectious HCW as they collect and transport HCW 	<ul style="list-style-type: none"> Workers should be equipped with appropriate Protective Personal Equipment (PPE) There should be a first aid kit at all times on each site Clear markings and signage should be used in all areas of the site All waste storage and disposal sites should be adequately condoned off from the public
6	SOCIAL ACTIVITIES	<ul style="list-style-type: none"> There could be increase in the demand for basic services due to increase in HCF patronage There is a potential for petty crime to increase in proposed sub project areas as influx of people increases 	<ul style="list-style-type: none"> There should be designated and approved areas for basic services such as canteens, restaurants and temporary car transport park Such marked areas should have waste bags/containers

7	<p>WASTE MANAGEMENT</p>	<ul style="list-style-type: none"> ▪ There is an expected increase in waste generated from both public and private health centres. If not managed properly, could be harmful to the public and in extreme cases hazardous waste could lead to disease outbreak ▪ Waste generated on site if not managed properly could accumulate and become unpleasant sights to the area. ▪ Waste dumped besides roads may intrude onto the roads causing vehicular hold ups and accidents. 	<ul style="list-style-type: none"> ▪ Ensure proper handling, and disposal of wastes ▪ Waste must be stored temporarily in designated areas daily ▪ Waste should be evacuated weekly ▪ On site waste collection and storage points should be located in areas that can easily be accessed by waste collection trucks without hindrance to traffic on the main road. ▪ A well detailed HCWMP should be put in place and should be prepared in accordance with the <ul style="list-style-type: none"> ○ National Healthcare Waste Management Policy 2013 ○ National Healthcare Waste Management Guidelines (NHCWVG) 2013 ○ National Healthcare Waste Management Plan (NHCWMP) 2013
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CHAPTER SIX: FRAMEWORK ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP-F)

This chapter contains a summary of the screening procedure, capacity building activities and ESMP-F implementation budget.

6.1 Subproject Environmental and Social Management process

A review process will be put in place to ensure screening of all potential civil work activities for environmental and social impacts prior to approval by the PMU. The screening can be carried out by a designated officer of the PMU (Environmental and Social Officers) or the relevant MDA in accordance with the laid down procedure. This will include an environmental screening sheet showing the estimated impact category of each sub-project to be rehabilitated. The screening process will involve an assessment of the project to determine:

- the appropriate project categorization for the EA;
- applicable World Bank environmental and social safeguards;
- potential for environmental and social impacts and
- cultural or other sensitivities.

Additionally, every project will be screened to identify relevant stakeholders and, the nature and extent of engagement for each stakeholder category. Figure 6.1 below describes national environmental and social screening procedure in Nigeria.

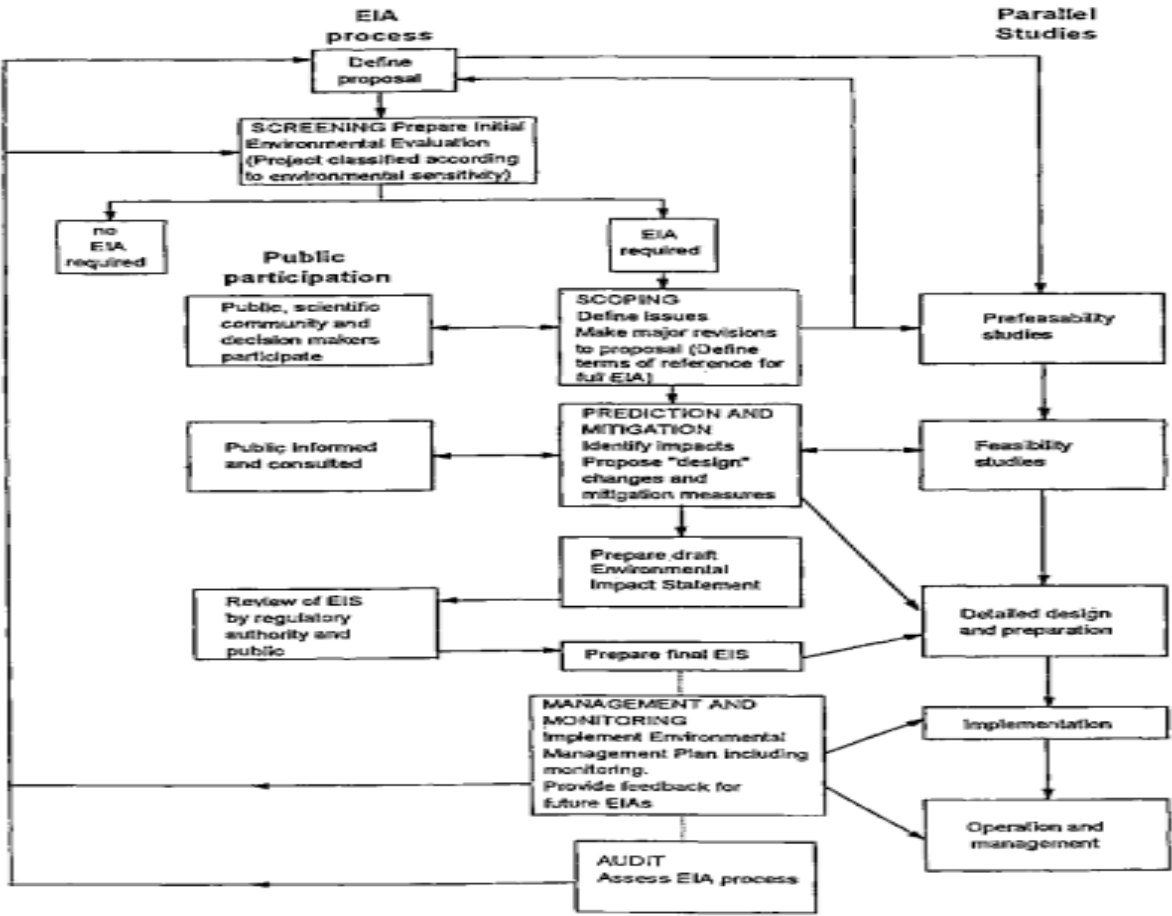


Figure 6.1: Typical Environmental Screening Process in Nigeria

6.2 Institutional Arrangement for Implementation of the BHCPFP

Implementation arrangements for BHCPFP will be fully streamlined into the existing government structure at the Federal, State and Local Government levels. Additional technical assistance and coordination support will be provided through the project to strengthen implementation. Implementation arrangements for BHCPF involve:

- (i) The Project Steering Committee (PSC) responsible for overall coordination of WB funded projects at the FMOH and its agencies;
- (ii) The Secretariat [The Secretariat of the National Steering Committee]
- (iii) Coordination and implementation offices at the state level; and
- (iv) Implementation at the facility.
- (v)

Across all these, significant coordination with line ministries and civil society will be included.

The Secretariat of the National Steering Committee: The Secretariat is a statutory body set up in line with the approved BHCPF guidelines. Secretariat will serve as the PMU and oversee the day to day running of the BHCPF operations and coordinates the activities of the two gateways involved in the proposed Project. It reports to the PSC. Its role can be broadly divided into five areas: (i) execution of contract with participating states through a global agreement (ii) engagement of services of IVAs to carry out independent verification of payments quality of care and to organize the quantity verification after payment.; (iii) oversight and guidance on the implementation of BHCPF management guidelines, development of protocols, manuals and service delivery guidelines and their adjustment as needed based upon implementation experience, (iv) management of the information technology (IT) base for the project, and (v) operations research and impact evaluation. This will include annual work plans, budget, training plans, procurement plans, M&E, grievances, technical support to States, and stakeholder engagement, etc.

The Secretariat will be led by a project coordinator. He/she will be responsible for the project management specifically linked to administration of the BHCPF in conjunction with the representatives of the NPHCDA & NHIS. The project coordinator will be supported by a small team of officers on a full-time basis, which will include a procurement officer, project accountant, auditor, program officer, M&E/MIS officers, ICT specialist, communication specialist, social & environmental safeguards officer, gender and grievance officer. Short-term technical assistants will also provide necessary expertise as and when required.

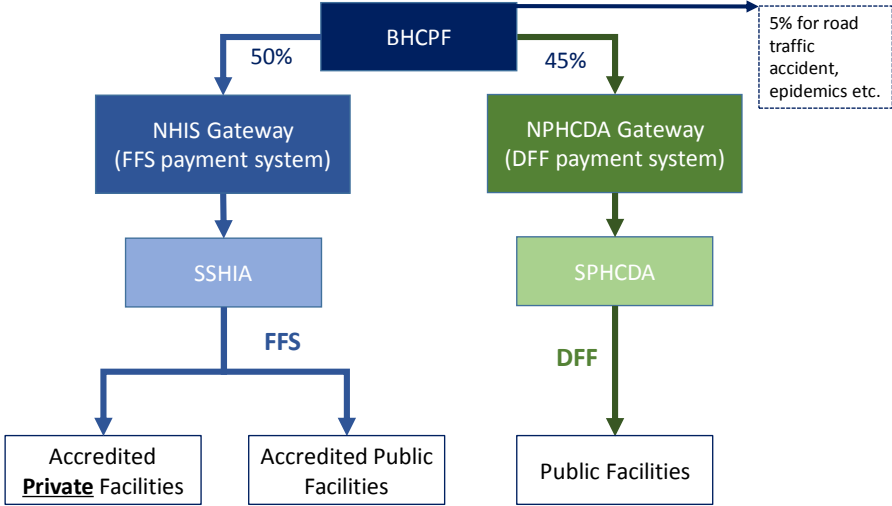
At the state level, the State Steering Committee (SSC) shall provide oversight over the activities of SPHCDA and SSHIAs. Matters arising out of the implementation of the BHCPF at the state level, including the counterpart contribution shall be discussed at SSC. Serious implementation issues shall be escalated to the Secretariat. Also, state Project Financial Management Units (PMFU), who are staff of the Offices of the States Accountants General's office (OSAG) shall be responsible for managing the disbursement of funds to healthcare providers through the REMITA system. After reviewing support for transfer of funds for the NPHCDA gateway, and the validation of claims for NHIS gateways, the SPHCDA, SSHIAs shall submit their support for the transfer request to the PMFU for review and disbursement. The PMFU shall reject the transfer request if sufficient documentation and justification is not provided.

The Roles of Federal and State Governments: Although the project has been designed as a Federal one, without state buy-in and strong support, BHCPF will not succeed. The Federal Government will enter into an MoU with all participating States, laying out the roles and responsibilities of both entities. The project design recognizes the potential financial constraints States will face in co-financing the implementation of the BHCPF, and therefore does not require cash co-financing by States. The minimum conditions for State participation will include:

- (i) Establishment of a SSHIS and SPHCDA with the agreed staffing;

- (ii) Staffing of public PHCs receiving operational expenses under the NPHCDA as per guidelines;
- (iii) Agreement to verification protocol & use of SPFMU and
- (iv) MoU with Federal Government signed.

Activities (i) and (iii) can be supported by the Secretariat once the MoU is signed.



Note:
 NHIS: National Health Insurance Scheme
 NPHCDA: National Primary Health Care Development Agency
 SSHIA: State Social Health Insurance Agency
 SPHCDA: State Primary Health Care Development Agency
 FFS: Fee-for-Service
 DFF: Decentralized Financing for Facilities

Fig 6.2 Schematic of the BHCPF pathway

6.3 Institutional Arrangement for the Implementation of the Framework ESMP

Project Steering Committee:

Project Steering Committee (PSC). The PSC is responsible for overall coordination of WB funded projects at the FMOH and its agencies. Project implementation oversight is provided by the PSC with representation from federal, state and local government institutions and members of civil society. The PSC is responsible for overall monitoring of project implementation by the project teams and various contracting agents.

The Secretariat of the National Steering Committee

The Secretariat of the National Steering Committee] will serve as the PMU and will oversee the day to day running of the BHCPF operations and, monitor and coordinate the activities of the two gateways. The role of the NSC are (i) execution of contract with participating states through a global agreement (ii) engagement of services of IVAs to carry out independent verification of payments quality of care and to organize the quantity verification after payment.; (iii) oversight and guidance on the implementation of BHCPF management guidelines, development of

protocols, manuals and service delivery guidelines and their adjustment as needed based upon implementation experience, (iv) management of the information technology (IT) base for the project, and (v) operations research and impact evaluation. This will include annual work plans, budget, training plans, procurement plans, M&E, grievances, technical support to States, and stakeholder engagement, etc.

State Steering Committee (SSC)

State Steering Committee (SSC) shall provide oversight over the activities of SPHCDA and SSHIAs. Matters arising out of the implementation of the BHCPF at the State level, including the counterpart contribution shall be discussed at the SSC. Serious implementation issues shall be escalated to the Secretariat. Also, state Project Financial Management Units (PMFU), who are staff of the Offices of the States Accountants General’s office (OSAG) shall be responsible for managing the disbursement of funds to healthcare providers through the REMITA system.

The SSHIAs and SPHCDAs

The SSHIAs and SPHCDAs are the state-level agencies responsible for the implementation of the FFS and the DFF system, respectively. SSHIAs verify the claims submitted by the facilities enrolled in the FFS system, and both SSHIAs and SPHCDAs carry out routine (at least twice every quarter) ex-ante verification of quality and quantity of services delivered.

BOX X: ROLES OF FEDERAL, STATES, LGAS
<p><u>Federal</u></p> <ul style="list-style-type: none"> • The secretariat and overall project coordination • Selection of states and platform for dialogue with states • Provision of technical assistance for participating states • Setting standards for implementation, including for provider accreditation and enrollment, provider payments, and monitoring • IVA management • Program monitoring and impact evaluation • Grievance and redress mechanisms <p><u>States</u></p> <ul style="list-style-type: none"> • Setting up of SSHIAs and SPHCDA • Funding of staff, office space and other in-kind support • Feedback and accountability mechanisms • Reporting to federal level <p><u>Facility</u></p> <ul style="list-style-type: none"> • Delivery of services • Feedback and accountability mechanisms • Monitoring and reporting of compliance

6.4 Roles and responsibilities for the implementation of the Framework ESMP

Project coordinator

He/She will head the NSC. He/she will be responsible for the project management specifically linked to administration of the BHCPF in conjunction with the representatives of the NPHCDA & NHIS. The project coordinator will be supported by a small team of officers on a full-time basis, which will include a procurement officer, project accountant, auditor, program officer, M&E/MIS officers, ICT specialist, communication specialist, social & environmental safeguards officer, gender and grievance officer. Short-term technical assistants will also provide necessary expertise as and when required.

Environmental safeguards specialist (ESS-PMU):

- Prepare appropriate and coordinated response to environmental aspects of the project and sub-projects
- Ensuring all activities of sub projects are in line with best practices and the framework of the ESMF and guidelines of the country
- Assess each sub-project and its environmental impacts; and
- Assess and monitor environmental mitigation measures for relevant subproject(s).

Social Safeguards Specialist (SSS-PMU)

- Preparing appropriate and coordinated response to social aspects of the project and sub-projects;
- Ensuring all activities of sub projects are in line with best practices and the framework of the ESMF and guidelines of the country
- Assessing each sub-project and its social impacts; and
- Assess and monitor social mitigation measures for relevant subproject(s).

Financial Management Specialist (FS – PMU)

- Ensuring all financial funds are in line with the Bank-UN Financial Management Framework Agreement; and
- Ensuring that all funds disbursed directly to the NPHCDA by the Bank for Component 3 (Health System Strengthening) are used for the purpose intended with due regard to economy and efficiency.

Monitoring and Evaluation Specialist (M&E-PMU)

- Monitoring of mitigation measures that would be put in place for each sub-project;
- Perform periodic monitoring of all aspects as contained in the sub-project Environmental and Social Monitoring Plan;
- Monitoring the implementation of the ESMP to ensure it keeps to schedule; and
- Monitoring the implementation of the HCWMP which will be based on the NHCMWP.

For the successful implementation of the ESMF, the roles and responsibilities of the key stakeholders is shown in Table 6.1 below.

Table 6.1: Roles and Responsibilities

S/N	STEPS/ACTIVITIES	RESPONSIBLE	COLLABORATION	SERVICE PROVIDER
1.	Identification and/or siting of the sub-project	NSC BHCPFP	<ul style="list-style-type: none"> ▪ Local authority ▪ FMoH 	
2.	Screening, categorization and identification of the required instrument (use the national EIA procedure)	Environmental Safeguards Specialist (ESS-NSC)	<ul style="list-style-type: none"> ▪ Beneficiary; ▪ Local authority ▪ Social Safeguards Specialist (SSS-NSC) 	
3.	Approval of the classification and the selected instrument by the FMEnv	NSC Coordinator	<ul style="list-style-type: none"> ▪ ESS-NSC ▪ SSS-NSC 	<ul style="list-style-type: none"> ▪ EA Department under the FMEnv ▪ The World Bank
4.	Preparation of the safeguard document/instrument (ESIA, Env. Audit, simple ESMP, etc.) in accordance with the national legislation/procedure (taking into account the Bank policies requirements)			
	Preparation and approval of the ToRs	ESS-NSC		<ul style="list-style-type: none"> ▪ The World Bank
	Preparation of the report		<ul style="list-style-type: none"> ▪ Procurement Specialist (PS-NSC) ▪ SSS-NSC ▪ Local authority 	<ul style="list-style-type: none"> ▪ Consultant
	Report validation and issuance of the permit (when required)		<ul style="list-style-type: none"> ▪ Procurement Specialist (PS-NSC) ▪ SSS-NSC ▪ Local authority 	<ul style="list-style-type: none"> ▪ EA Department under the FMEnv ▪ The World Bank
Public Disclosure of the document	<ul style="list-style-type: none"> ▪ Project Coordinator 		<ul style="list-style-type: none"> ▪ Media (National Dailies) ▪ The World Bank Infoshop 	
5.	(i) Integrating the construction phase mitigation measures and E&S clauses in the bidding document prior they're advertised; (ii) ensuring that the constructor prepares his ESMP (C-ESMP), gets it approved and integrates the relevant measures in the works breakdown structure (WBS) or execution plan.	Technical staff in charge of the sub-project (TS-NSC)	<ul style="list-style-type: none"> ▪ ESS-NSC ▪ PS-NSC 	<ul style="list-style-type: none"> ▪ Control Firm (Supervisor) FMEnv
6.	Implementation of the other safeguards measures, including environmental monitoring (when relevant) and sensitization activities	ESS-NSC	<ul style="list-style-type: none"> ▪ SSS-NSC ▪ PS- NSC ▪ TS- NSC ▪ FS- NSC ▪ Local authority 	<ul style="list-style-type: none"> ▪ Consultant ▪ National specialized laboratories ▪ NGOs
7.	Oversight of safeguards implementation (internal)	SSES	<ul style="list-style-type: none"> ▪ M&E- NSC ▪ FS- NSC ▪ Local authority 	<ul style="list-style-type: none"> • Control Firm (Supervisor)
	Reporting on project safeguards performance and disclosure	Coordinator	<ul style="list-style-type: none"> ▪ M&E- NSC ▪ ESS- NSC ▪ SSS- NSC 	

	External oversight of the project safeguards compliance/performance	PEA	<ul style="list-style-type: none"> ▪ M&E- NSC ▪ ESS- NSC ▪ SSS- NSC ▪ PS- NSC ▪ Supervisor 	
8.	Building stakeholders' capacity in safeguards management	ESS-NSC	<ul style="list-style-type: none"> ▪ SSS- NSC ▪ PS- NSC 	<ul style="list-style-type: none"> ▪ Consultant ▪ Other qualified public institutions
9.	Independent evaluation of the safeguards performance (Audit)	ESS-NSC	<ul style="list-style-type: none"> ▪ SSS- NSC ▪ PS-NSC 	<ul style="list-style-type: none"> ▪ Consultant

6.5 Training and Capacity Strengthening Program

During consultations at Federal and State level, gaps emerged showing a lack of adequate knowledge of WB Safeguard Policies, policy requirements the ESMF, monitoring procedures as well as screening and scoping procedures and impact identification. Training/capacity building is paramount during project implementation. Trainings should be targeted at the FMOH, NPHCDA, NHIS and their state counterparts the SMOH, SPHCDA and the SSHIA, as well as the NSC. The training program is shown in Table 6.2 below

Table 6.2 Training and Capacity Strengthening Program

S/N	TRAINING PROGRAM	TIME OF TRAINING	TARGET AUDIENCE	TYPE OF TRAINING	DURATION	COST (\$)
1	General training on EA, Scoping and Screening	Before Project commencement	PMU, FMOH, SMOH, PSC, NSC, SSC, NHIS, SSHIA, NPHCDA, SPHCDA	Workshop	1 day	500
2	Policy requirements, legal and institutional responsibilities	Before Project commencement	PMU, FMOH, SMOH, PSC, NSC, SSC, NHIS, SSHIA, NPHCDA, SPHCDA	Seminar	1/2 day	250
3	Occupational health and safety	Before Project commencement	PMU, NSC, Local governments, Sub project contractors	Workshop	1 day	500
4	Public health and safety	Before Project commencement	PMU, FMOH, SMOH, PSC, NSC, SSC, NHIS, SSHIA, NPHCDA, SPHCDA	Workshop	1 day	500
5	Waste management	Before Project commencement	PMU, FMOH, SMOH, PSC, NSC, SSC, NHIS, SSHIA, NPHCDA, SPHCDA		1 day	500
TOTAL COST						2,250

6.6 Monitoring of ESMF Implementation

The environmental specialist and social development specialist shall be largely responsible for monitoring the requirements of the ESMF. Subsequently, they shall be required to prepare a quarterly audit on the ESMF implementation in addition to the project reports as may be required. Also each sub-project requiring an ESIA /ESMP study will be required to produce an annual audit report for delivery to the PMU. The FMoH, SMOH, FMEEnv and the State Ministry of Environment shall carry out independent monitoring. This would take the form of giving these agencies the mandate to carry out independent monitoring of the implementation of the ESMF at periodic intervals of quarterly or half yearly (as circumstances dictate) during the project life.

6.10 Estimated Budget for Implementing the ESMF

Necessary budgetary provisions must be made for implementing environmental and social measures of sub projects as part of the ESMF. This enables preparedness for financial requirements and allows early planning and appropriate budgeting. Each sub project includes the environmental management costs other than good engineering practices and cost of environmental and social monitoring. It is estimated that the cost of implementing the ESMF is **Seven Thousand and Ninety Five dollars only (7,095) – an equivalent of Two Million One Hundred and Twenty Eight Thousand Five Hundred naira only (2,128,500)**. The breakdown is shown in Table 6.4 below

Table 6.3 Summary of indicative budget breakdown and responsibility of the cost for implementing the ESMF instruments

S/N	ITEM	RESPONSIBILITY	COST BREAKDOWN	ESTIMATE (US\$)	ESTIMATE (Naira)
1	Mitigation	Contractors, HCF		4,000	1,200,000
2	Management	NSC	5% of Mitigation Cost	200	60,000
3	Capacity Building	FMoH, NHPCDA, NHIS, Relevant MDAs		2,250	675,000
4	Preparation of ESIA/ ESMP etc	Consultant	This estimation includes cost for reconnaissance survey, field studies, public consultations and report preparation etc	To be disclosed	
5	Sub Total			6,450	1,935,000
6	Contingency		10% of Sub Total	645	193,500
TOTAL				7,095	2,128,500

6.7 Disclosures of Safeguard Instruments

The ESMF has been prepared in consultation with the relevant Federal and State MDAs. Copies of this ESMF, like other safeguard instruments (such as ESIA/ESMPs) that would be prepared for this project and all its sub-projects will be made available to the public by the NSC. The NSC will disclose the ESMF as required by the Nigeria EIA public notice and review procedures as well as the World Bank Disclosure Policy at the World Bank Infoshop. Copies of other safeguards instruments (such as ESIA/ESMPs) should be disclosed in a similar manner. Table 6.5 below outlines documents to be disclosed.

Table 6.4: Disclosure of Safeguards Instruments

S/N	TOPIC	DOCUMENTS TO BE DISCLOSED	FREQUENCY	MEDIA
1	Public Consultation	Minutes of formal public consultation	Within two weeks of meeting	FMEEnv, BHCPFP Website if available, State Ministry of Environment, PMU, Local government Secretariat, World Bank Infoshop.
2	Environmental Management	ESMF, Report & Environment and Social Management Plans (ESMPs)	Prior to awarding works and to remain on website	FMEEnv, BHCPFP Website if available, State Ministry of Environment, PMU, Local government Secretariat, World Bank Infoshop.

6.8 Grievance Redress Mechanism (GRM)

Having a GRM shows willingness for transparency in any project. For a GRM to be effective as an all-inclusive engagement tool, it must be structured to accommodate everyone from the public and private PHC to the general public. In addition, clear procedures must be established for complaints and made easily available to the public by way of public notices and signs posted in all participating PHCs.

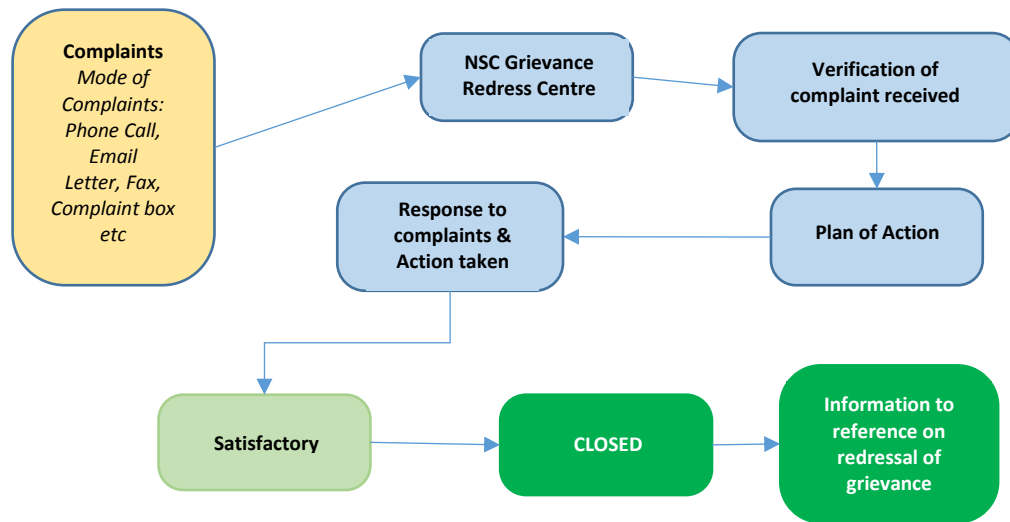


Fig 6.1 Grievance Redress Flowchart

For the BHCPFP, the most likely complaints will be from the public as regards participating PHCs refusing to render the basic services as agreed under the Basic Minimum Package of Health Services (BMPHS). The NSC should be actively involved in the GRM.

6.8.1 Guiding Principles

The GRM for the BHCPFP must be designed on the following universal principles:

- **Accessibility and Social Inclusion:** The process has to be accessible to everybody that feels aggrieved and affected by the project regardless of age, gender or economic status in the communities. Vulnerable groups including women, children and the physically challenged should have the same equal opportunities and access to present their complaints without complications as with other people.
- **Simplicity:** the filing of complaints and grievances will be kept simple and the process of redress will be easily understandable by all stakeholders and the public.
- **Transparency:** The system will encourage both positive and negative feedbacks. These feedbacks will be made available to all stakeholders to ensure they are adequately

informed on issues that might hinder or enhance the sustenance of the project. The GRM will view and analyze all issues with transparent objectivity.

- **Inclusivity:** It is important that representatives of the community and stakeholders are involved in the GRM and everybody kept informed on any progress made in them.
- **Due Process and Impartiality:** Every grievant will have the right to be present and be heard before a duly constituted body saddled with the responsibility of hearing and managing their grievances. The mechanism will be independent so that it will be perceived as fair by all.
- **Quick Action:** Response to grievance and feedbacks will be prompt and direct to the grievant or the feedback provider. Grievances will be acknowledged at the point of uptake and the ensuing decisions will be communicated within 48 hours of reaching them.
- **Qualification:** Personnel that would be involved in grievance redress should have basic communications skills as well as mediation, reconciliation and negotiation training.
- **Grievance Uptake Points:** There will be specified grievance uptake points where grievances/complaints will be lodged. The time frame for a response will be known to the grievant. Investigation and deliberations on the complaint will be publicly disclosed and communicated promptly.
- **Analysis:** In grievance redress it is important for handlers to be clear on all the issues. The first step is an honest appraisal of whether the feedback is proactive or reactive. Facts have to be established against the interest and goal of grievant. Fact-finding is essential for meaningful and sustainable grievance/conflict redress. The handlers of grievance redress also need to appraise the complaints against relevance to the project and the project policies. Grievance handlers also need to know the category of grievance involved and treat accordingly. Grievances need to be characterized both for the sake of proper redress and for evaluation purpose.

6.8.2 Grievance Procedure

- **Registration:** This should be the first step and will involve the social contact person/institution receiving the complaint from the complainant. The complainant is expected to fill out and return a “complainant form” to the social Contact person/institution who in turn will acknowledge receipt of the complaint within 2 business working days.
- **Verification:** The verification will determine among other things whether the matter has any relationship with the Project and whether the level at which it is presented can handle it. This will mean a quick referral of the case either to the next level or the traditional rulers or to law enforcement. Part of investigation will also be assessing the cost of loss or risk involved in the grievance.
- **Processing:** The processing step is when options for the approach to resolving the case are weighed and determined. Parties involved in the case are brought together for a first attempt at resolution with suggestion from the parties by the social contact personnel.

The social personnel at a certain level then decide where the case should go to for hearing and resolution if complainant decides to pursue the matter further. This should happen within five days from investigation.

- **Implementation and case closing:** The social contact personnel then refer the case to the responding authority within the level for GRM implementation. This authority may be the chairman of the GRC or the officers with direct responsibility over the nature of the case within the PMU. Putting this in writing makes the appeal process faster in case of dissatisfaction on the part of the complainant. And in the case of satisfaction, it is an instrument to compel execution of decision. The outcome of the Grievance Redress process is therefore communicated to the complainant and other concerned party. The result of the process can vary. The request of the complainant may be turned down, compensation may be recommended, or Management may simply apologize to the grievant.

In addition to this GRM, communities and individuals who believe that they are adversely affected by the WB supported project may submit complaints to the WB’s Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB’s independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

CHAPTER SEVEN: PUBLIC CONSULTATION

At Federal level, the National Primary Healthcare Development Agency (NPHCDA) is responsible for coordination of basic primary healthcare services and while at the State level, similar responsibilities lies with the State Primary Healthcare Development Agency (SPHCDA). Therefore, the SPHCDA of the three participating states will have the responsibilities of engaging stakeholders in the sector within their various states.

7.1 Objectives

This framework is designed to achieve effective stakeholder involvement and to promote greater adequate knowledge, awareness and better understanding of project and project goals. This is in a bid to ensure the project is carried out effectively within budget and agreed timelines.

The following principles should be at the fore front of the various SPHCDA when carrying out consultations

- Promotion of easiest means and modes of communication;
- Openness to the true state and plan of the BHCPFP;
- Ensuring effective and deep rooted involvement of all stakeholders in the development of the project;
- Helping and increasing relevant stakeholders understanding of the project implementation processes;
- Using all strategies and techniques that provide prompt and adequate opportunities for all stakeholders to get involved in the project; and
- Evaluating the effectiveness of the engagement plan against the expected outcomes.

7.2 Stakeholder Identification

For the BHCPFP, stakeholders shall be defined as every individual, institution and group that has vested interest in the successful planning and subsequent execution of this project. There must not be discrimination between those likely to be positively affected by the project and those that are likely to be negatively affected. Rather a harmonious consultation must be on the front burner.

Table 7.1 Stakeholder Identification

AFFECTED PARTIES	IDENTIFICATION METHOD
People living within close proximity to the proposed works	<ul style="list-style-type: none"> ▪ Identify the local government areas that falls within a 500 metre radius of the proposed health facility ▪ Use already identified individuals to identify other individuals and groups ▪ Use identified groups to access other groups and individuals ▪ Review of available data to assess relevant individuals and groups
Special interest groups	<ul style="list-style-type: none"> ▪ Identify pivotal individuals or groups through formal groups, local clubs, community halls and religious places ▪ Be aware of similar groups or individuals

7.3 Outcome and Interpretation of Stakeholder Consultations

Tables 7.2, 7.3 and 7.4 shows the outcome and discussions of all stakeholder consultations. Annex 6 shows the attendance sheets of all Stakeholders meetings.

Table 7.2 Stakeholder Consultation with FMOH

ITEMS	DESCRIPTION
Date Of Public Consultation	10 January 2018
Name Of Stakeholder	FMOH
Language Of Communication	English
Introduction	The consultant explained the objectives and scope of the ESMF. and why it was important as part of the project to carry out a stakeholders consultation
Response And Feedback From Stakeholders About The Project	They expressed a basic understanding of the proposed project and expressed happiness the project was about to commence.
Concerns/Complaints	There was a little concern over the anticipated increase in waste generation as a result of increased patronage to the various health care facilities.
Remarks/Recommendations	<ul style="list-style-type: none"> ▪ It was suggested that the project consider a waste management plan for the purpose of dealing with health care wastes. ▪ They advocated for team work and cohesion across the entire project and states

Table 7.3 Stakeholder Consultation with NPHCDA

ITEMS	DESCRIPTION
Date Of Public Consultation	10 January 2018
Name Of Stakeholder	NPHCDA
Language Of Communication	English
Introduction	The consultant explained the objectives and scope of the ESMF and why it was important as part of the project to carry out a stakeholders consultation

Response And Feedback From Stakeholders About The Project	They expressed a good understanding of the proposed project and expressed happiness the project was about to commence
Concerns/Complaints	There was concern raised over the anticipated increase in waste generation and highlighted the trickling down effect of the project to bring about secondary services and employment.
Remarks/Recommendations	<ul style="list-style-type: none"> ▪ Dr Olubajo Olalekan suggested that there should be a grievance redress mechanism in case some health care service providers refuse to uphold their own end of the bargain. In such a case, such a mechanism will help put the service providers in check ▪ He also mentioned the incidence of the public needing to bribe service providers before they can render services and opined that a grievance redress mechanism will prevent this from happening. ▪ He went on to advocate for a HCWMP for the project and suggested that the HCWMP used for NSHIP be adopted. ▪ They suggested that a waste management committee be set up at the various SPHCDA's who will help monitor the HCWMP in the state.

Table 7.4 Stakeholder Consultation with SMOHs, SPHCDA's, SSHIA's

ITEMS	DESCRIPTION
Date Of Public Consultation	18 January 2018
Name Of Stakeholder	NPHCDA, NHIS, SPHCDA's, SSHIA's
Language Of Communication	English
Introduction	The consultant started by explaining the WB Safeguard Policies before presenting on the objectives of the ESMF. He went on to explain that this was a basic requirement for the BHCPFP due to the proposed minor civil works anticioated under the project.. He explained why it was important to carry out such a report, the scope of the ESMF and why it was important as part of the project to carry out a stakeholders consultation.
Response And Feedback From Stakeholders About The Project	They expressed a good understanding of what the proposed project was about and expressed happiness the project.
Concerns/Complaints	The major concerns from the three participating states include: <ul style="list-style-type: none"> · Solid Waste and Health care waste management · Poor Water supply · Poor electricity
Remarks/Recommendations	<ul style="list-style-type: none"> ▪ The Commissioner of Health Dr John Ahukannah thanked the consultant for his presentation and emphasized that they knew the importance of the ESMF and the possibilities of carrying out other site specific ESMPs. ▪ The Special adviser on health Hon. Dr Ikechukwu Nwabeize highlighted their concerns for health care waste management.

	<p>He enlightened us about the current waste management in Abia State which is unsatisfactory</p> <ul style="list-style-type: none">▪ Dr Ahukannah revealed that health care waste associated with measles was also a problem in the states▪ All the states present said they were struggling to deal with the management of hazardous health care waste▪ Dr Okoro added that several PHCs still use open dug wells that were easily accessible to children and the public. He also expressed concerns about the hazardous wastes such as sharps being disposed off near such wells▪ State participants acknowledged that the PHCs lacked adequate power supply
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ANNEX 1: Terms of Reference

BASIC HEALTHCARE PROVISION FUND PROJECT (BHCPFP)

BACKGROUND

The Government of Nigeria in collaboration with the World Bank is currently implementing the Nigeria State Health Investment Project (NSHIP). The project development objectives aim to increase the delivery and utilization of high impact maternal, child, reproductive and disease control health interventions, particularly among the poor and improve the quality of care provided in publicly-financed health facilities within project states. Project interventions will benefit entire populations, and implementation will be at state, local government and health facility levels particularly at the primary health care level. The expected increase in patronage of health facilities will generate medical waste that need to be properly managed and disposed appropriately.

There are two components to the project;

- A. The first component is Results Based Financing (RBF): the project aims to strengthen service delivery and institutional performance by using two RBF approaches which are (i) Performance Based Financing (PBF) for outputs at health facilities and Local Government Area Primary Health Care (LGA PHC) Departments and (ii) Disbursement Linked Indicators (DLI) at state and LGA levels. In addition, the project will test a separate decentralized facility financing at the health facility level as an alternative to the PBF financing, whereby facilities will receive fixed output-based payments without performance-linked incentives.
- B. The second component is Technical Assistance (TA) for (i) strengthening of States project implementation capacity; (ii) support Federal, State, LGA and facility levels to manage and operate the RBF approach; and (iii) overall project management activities, as well as monitoring and evaluation (M&E) activities aimed at providing independent assessment of results and building national capacity for M and E.

A. OBJECTIVES OF THE ASSIGNMENT

The Consultant will support the Health team to develop the Health Care Waste Management Plan for the NSHIP 3.

C. SCOPE OF WORK

The selected consultant is expected to prepare and update the Healthcare Waste Management Plan for NSHIP 3.

The HCWMP should consist of a well-documented set of

It is expected that this Consultancy Service be consistent with the The Consultant is expected to liaise with the NSHIP National Project Coordinator (NPC) in order to understand the Project

coverage in the States, the type of facilities benefiting from NSHIP funding and other collaborative linkages with healthcare agencies, NGOs, CBOs and FBOs. S/he will need to work closely with the State NSHIP PIUs and other relevant stakeholders in the State to domesticate and implement the HCWM strategy, which will include training of the HFs.

D. CORE TASKS FOR THE CONSULTANT

The consultant will be tasked with reviewing all available documentation from the sector to develop a Health Care Waste Management Plan. Specific tasks may include the following:

1. Reviewing all available existing documentation of the NSHIP including the draft project paper, all relevant prepared and disclosed safeguards documents;
2. Review the National Healthcare Waste Management Plan (NHCWMP), National Healthcare Waste Management Policy and National Healthcare Waste Management Guidelines (NHCWMG).
3. Review the National Health Care Waste Management Plan for HIV/AIDS and NSHPIC projects
4. Examine coregent practices with regard to the handling of hospital wastes
5. Draft and submit an updated final HCWMP for review to the TTL.

E. QUALIFICATION AND EXPERIENCE

The consultant is expected to have previous experience in the preparation of Technical instruments/documents recognized by the World Bank. Strong country knowledge, knowledge of World Bank safeguard policies, Participation in World Bank Orientation on Safeguards Supervision for Consultants and Experience in Hazardous and/or Healthcare Waste Management will be an asset.

Consultant's qualification

- a) Degree in Medical Sciences or Environmental Sciences or any other science course
- b) M.Sc in any of the following disciplines
 - Public Health
 - Environmental Management
 - Or any other relevant discipline
- c) Experience in developing training manuals or other training documents for programs/projects funded by multilateral agencies specifically on Health Care Waste Management.
- d) At least 10 years working experience in Nigeria or in a developing country under similar condition

- e) Good knowledge of the Waste Streams generated in Nigeria.
- f) Good technical and organizational background in performing Healthcare Waste Management programs and projects.
- g) Ability to cooperate and interact with stakeholders including facilitating meetings and workshops.
- h) Ability to assess complex situations, identifies critical issues, and derives appropriate conclusions and recommendations.

F. DELIVERABLES AND TIMING

Activities	Week 1	Week2	Week3	Week4
Contract Signing	X			
Submission of Inception Reports	X			
Submission of Draft Reports		X		
Submission of Draft Final Reports			X	
Submission of Final Reports				X

G. DURATION OF CONSULTANCY

The study will be completed in 4 weeks.

H. REPORTING

The HCWM Consultant will report to the TLL of BHCPFP

ANNEX 2: Summary of World Bank Environmental and Social Safeguard Policies.

The Safeguard policies provide the platform for stakeholder participation in project design, monitoring and implementation, and have been an important instrument for building ownership among local populations.

- **Environmental Assessment (OP 4.01).** Outlines Bank policy and procedure for the environmental assessment of Bank lending operations. The Bank undertakes environmental screening of each proposed project to determine the appropriate extent and type of EA process. This environmental process will apply to all sub-projects to be funded by BHCPFP.

Depending on the project, a range of instruments can be used to satisfy the Bank's EA requirement: environmental impact assessment (EIA), regional or sectoral EA, strategic environmental and social assessment (SESA), environmental audit, hazard or risk assessment, environmental management plan (EMP) and environmental and social management framework (ESMF). EA applies one or more of these instruments, or elements of them, as appropriate.

Environmental Screening

The Bank undertakes environmental screening of each proposed project to determine the appropriate extent and type of EA. The Bank classifies the proposed project into one of four categories, depending on the type, location, sensitivity, and scale of the project and the nature and magnitude of its potential environmental impacts.

- (a) **Category A:** A proposed project is classified as Category A if it is likely to have significant adverse environmental impacts that are sensitive, diverse, or unprecedented. These impacts may affect an area broader than the sites or facilities subject to physical works. EA for a Category A project examines the project's potential negative and positive environmental impacts, compares them with those of feasible alternatives (including the "without project" situation), and recommends any measures needed to prevent, minimize, mitigate, or compensate for adverse impacts and improve environmental performance. For a Category A project, the borrower is responsible for preparing a report, normally an EIA (or a suitably comprehensive regional or sectoral EA) that includes, as necessary, elements of the other instruments referred to in para. 7.
- (b) **Category B:** A proposed project is classified as Category B if its potential adverse environmental impacts on human populations or environmentally important areas--including wetlands, forests, grasslands, and other natural habitats--are less adverse than those of Category A projects. These impacts are site-specific; few if any of them are irreversible; and in most cases mitigatory measures can be designed more readily than for Category A projects. The scope of EA for a Category B project may vary from project to project, but it is narrower than that of Category A EA. Like Category A EA, it examines the project's potential negative and positive environmental impacts and recommends any measures needed to prevent,

minimize, mitigate, or compensate for adverse impacts and improve environmental performance. The findings and results of Category B EA are described in the project documentation (Project Appraisal Document and Project Information Document)

- (c) **Category C:** A proposed project is classified as Category C if it is likely to have minimal or no adverse environmental impacts. Beyond screening, no further EA action is required for a Category C project.
- (d) **Category FI:** A proposed project is classified as Category FI if it involves investment of Bank funds through a financial intermediary, in subprojects that may result in adverse environmental impacts.

EA for Special Project Types Projects Involving Subprojects

For projects involving the preparation and implementation of annual investment plans or subprojects, identified and developed over the course of the project period during the preparation of each proposed subproject, the project coordinating entity or implementing institution carries out appropriate EA according to country requirements and the requirements of this policy. The Bank appraises and, if necessary, includes in the components to strengthen, the capabilities of the coordinating entity or the implementing institution to (a) screen subprojects, (b) obtain the necessary expertise to carry out EA, (c) review all findings and results of EA for individual subprojects, (d) ensure implementation of mitigation measures (including, where applicable, an EMP), and (e) monitor environmental conditions during project implementation. If the Bank is not satisfied that adequate capacity exists for carrying out EA, all Category A subprojects and, as appropriate, Category B subprojects--including any EA reports--are subject to prior review and approval by the Bank.

Institutional Capacity

When the borrower has inadequate legal or technical capacity to carry out key EA-related functions (such as review of EA, environmental monitoring, inspections, or management of mitigatory measures) for a proposed project, the project includes components to strengthen that capacity.

Public Consultation

For all Category A and B projects proposed for IBRD or IDA financing, during the EA process, the borrower consults project-affected groups and local nongovernmental organizations (NGOs) about the project's environmental aspects and takes their views into account. The borrower initiates such consultations as early as possible. For Category A projects, the borrower consults these groups at least twice: (a) shortly after environmental screening and before the terms of reference for the EA are finalized; and (b) once a draft EA report is prepared. In addition, the borrower consults with such groups throughout project implementation as necessary to address EA-related issues that affect them.

Disclosure

For meaningful consultations between the borrower and project-affected groups and local NGOs on all Category A and B projects proposed for IBRD or IDA financing, the borrower provides relevant material in a timely manner prior to consultation and in a form and language that are understandable and accessible to the groups being consulted.

For a Category A project, the borrower provides for the initial consultation a summary of the proposed project's objectives, description, and potential impacts; for consultation after the draft EA report is prepared, the borrower provides a summary of the EA's conclusions. In addition, for a Category A project, the borrower makes the draft EA report available at a public place accessible to project-affected groups and local NGOs. For projects described in paragraph 9 above, the borrower/Fl ensures that EA reports for Category A subprojects are made available in a public place accessible to affected groups and local NGOs. Any separate Category B report for a project proposed for IDA financing is made available to project-affected groups and local NGOs. Public availability in the borrowing country and official receipt by the Bank of Category A reports for projects proposed for IBRD or IDA financing, and of any Category B EA report for projects proposed for IDA funding, are prerequisites to Bank appraisal of these projects.

- **Natural Habitats (OP 4.04).** The conservation of natural habitats, like other measures that protect and enhance the environment, is essential for long-term sustainable development. The Bank does not support projects involving the significant conversion of natural habitats unless there are no feasible alternatives for the project and its siting, and comprehensive analysis demonstrates that overall benefits from the project substantially outweigh the environmental costs. If the environmental assessment indicates that a project would significantly convert or degrade natural habitats, the project includes mitigation measures acceptable to the Bank. Such mitigation measures include, as appropriate, minimizing habitat loss (e.g. strategic habitat retention and post-development restoration) and establishing and maintaining an ecologically similar protected area. The Bank accepts other forms of mitigation measures only when they are technically justified. Should the sub-project-specific ESMPs indicate that natural habitats might be affected negatively by the proposed sub-project activities with suitable mitigation measures, such sub-projects will not be funded under the BHCPFP.
- **Pest Management (OP 4.09).** The policy supports safe, effective, and environmentally sound pest management. It promotes the use of biological and environmental control methods. An assessment is made of the capacity of the country's regulatory framework and institutions to promote and support safe, effective, and environmentally sound pest management. This policy does not apply to the BHCPFP.

- ***Involuntary Resettlement (OP 4.12)***. This policy covers direct economic and social impacts that both result from Bank-assisted investment projects, and are caused by (a) the involuntary taking of land resulting in (i) relocation or loss of shelter; (ii) loss of assets or access to assets, or (iii) loss of income sources or means of livelihood, whether or not the affected persons must move to another location; or (b) the involuntary restriction of access to legally designated parks and protected areas resulting in negative impacts on the livelihoods of the displaced persons. This policy does apply to the BHCPFP. sub-projects.
- ***Indigenous Peoples (OP 4.10)***. This directive provides guidance to ensure that indigenous peoples benefit from development projects, and to avoid or mitigate negative effects of Bank-financed development projects on indigenous peoples. Measures to address issues pertaining to indigenous peoples must be based on the informed participation of the indigenous people themselves. Sub-projects that would have negative impacts on indigenous people will not be funded under BHCPFP.
- ***Forests (OP 4.36)***. This policy applies to the following types of Bank-financed investment projects: (a) projects that have or may have impacts on the health and quality of forests; (b) projects that affect the rights and welfare of people and their level of dependence upon or interaction with forests; and (c) projects that aim to bring about changes in the management, protection, or utilization of natural forests or plantations, whether they are publicly, privately, or communally owned. The Bank does not finance projects that, in its opinion, would involve significant conversion or degradation of critical forest areas or related critical habitats. If a project involves the significant conversion or degradation of natural forests or related natural habitats that the Bank determines are not critical, and the Bank determines that there are no feasible alternatives to the project and its siting, and comprehensive analysis demonstrates that overall benefits from the project substantially outweigh the environmental costs, the Bank may finance the project provided that it incorporates appropriate mitigation measures. Sub-projects that are likely to have negative impacts on forests will not be funded under BHCPFP.
-
- ***Physical Cultural Resources (OP 4.11)***. The term “cultural property” includes sites having archaeological (prehistoric), paleontological, historical, religious, and unique natural values. The Bank’s general policy regarding cultural property is to assist in their preservation, and to seek to avoid their elimination. Specifically, the Bank (i) normally declines to finance projects that will significantly damage non-replicable cultural property, and will assist only those projects that are sited or designed so as to prevent such damage; and (ii) will assist in the protection and enhancement of cultural properties encountered in Bank-financed projects, rather than leaving that protection to chance. The management of cultural property of a country is the responsibility of the government. The government’s attention should be drawn specifically to what is known about the cultural property aspects of the proposed project site and appropriate agencies, NGOs, or university departments should be consulted; if there are any questions concerning cultural

property in the area, a brief reconnaissance survey should be undertaken in the field by a specialist. The BHCPFP will fund sub-projects that will have negative impacts on cultural property.

- **Safety of Dams (OP 4.37).** For the life of any dam, the owner is responsible for ensuring that appropriate measures are taken and sufficient resources provided for the safety to the dam, irrespective of its funding sources or construction status. The Bank distinguishes between small and large dams. Small dams are normally less than 15 m in height; this category includes, for example, farm ponds, local silt retention dams, and low embankment tanks. For small dams, generic dam safety measures designed by qualified engineers are usually adequate. This policy does apply to BHCPFP since the policy is triggered under the project.
- **Projects on International Waterways (OP 7.50).** The Bank recognizes that the cooperation and good will of riparians is essential for the efficient utilization and protection of international waterways and attaches great importance to riparian's making appropriate agreements or arrangement for the entire waterway or any part thereof. Projects that trigger this policy include hydroelectric, irrigation, flood control, navigation, drainage, water and sewerage, industrial, and similar projects that involve the use or potential pollution of international waterways. This policy will not apply to BHCPFP.
- **Disputed Areas (OP/BP/GP 7.60).** Project in disputed areas may occur the Bank and its member countries as well as between the borrower and one or more neighboring countries. Any dispute over an area in which a proposed project is located requires formal procedures at the earliest possible stage. The Bank attempts to acquire assurance that it may proceed with a project in a disputed area if the governments concerned agree that, pending the settlement of the dispute, the project proposed can go forward without prejudice to the claims of the country having a dispute. This policy is not triggered by sub-projects activities therefore will not be funded by the BHCPFP.

ANNEX 3: Screening Report for Standard Format and Screening Checklist

1. GENERAL DESCRIPTION

1.1. Overview of State /Local Governments

1.2. List of relevant existing MDAs

2. PROJECT-SPECIFIC SCREENING:

2.1. Existing alignment

2.2. Proposed Works

2.3. Estimated Cost

2.4. Summary of Environment and Social Issues

2.4.1. Land Resources

2.4.2. Hydrology and Water Resources

2.4.3. Air and Noise

2.4.4. Biological Resources

2.4.5. Socio-Economic and Cultural

2.4.5.1. Population

2.4.5.2. Employment and Other Benefits

2.4.5.3. Other site-specific issues

2.5. Environment Screening Category

2.6. Applicable Safeguard Policies

3. STATE/LOCAL GOVERNMENT ESMP

4. ATTACHMENTS

4.1. Construction Maps/ Drawings

4.2. Photos

4.3. Location and Administrative Maps

4.4 Environment and Social Checklist

ANNEX 4: Generic ESMP Terms of Reference

Introduction and context

This part will be completed in time and will include necessary information related to the context and methodology to carry out the study.

Objectives of study

This section will indicate (i) the objectives and the project activities; (ii) the activities that may cause environmental and social negative impacts and needing adequate mitigation measures

Tasks

The consultant should realize the following:

1. Assess the potential environmental and social impacts related to project activities and recommend adequate mitigation measures, including costs estimation.
2. Review institutional assessment and framework for environmental management.
3. Identify responsibilities and actors for the implementation of proposed mitigation measures
4. Assess the capacity available to implement the proposed mitigation measures, and suggest recommendation in terms of training and capacity building, and estimate their costs.
5. Develop an Environmental and Social Management Plan (ESMP) for the project. The ESMP should underline (i) the potential environmental and social impacts resulting from project activities (ii) the proposed mitigation measures; (iii) the institutional responsibilities for implementation; (iv) the monitoring indicators; (v) the institutional responsibilities for monitoring and implementation of mitigation measures; (v) The costs of activities; and (vii) the calendar of implementation.
6. Public consultations. The ESMP results and the proposed mitigation measures will be discussed with relevant stakeholders, NGOs, local administration and other organizations mainly involved by the project activities. Recommendations from this public consultation will be include in the final ESMP report.

Plan of the ESMP report

- (i) Cover page
- (ii) Table of contents
- (iii) List of acronyms
- (iv) Executive summary
- (v) Introduction
- (vi) Description of sub-project sites
- (vii) Description of environmental and social impacts and mitigation measures for project activities
- (viii) Institutional Assessment and framework for Environmental Management

- (ix) Environmental and Social Management Plan (ESMP) for the project
 - including the proposed mitigation measures;
 - Institutional Responsibilities for Implementation;
 - Monitoring indicators;
 - Institutional responsibilities for monitoring and implementation of mitigation;
 - Summarized table for ESMP including costs
 - Training requirements
- (x) Public Consultation
- (xi) Conclusion and Recommendations
- (xii) Annexes: List of persons / institutions meet

Duration of study

The duration of study will be determined according to the type of activity

Production of final report

The consultant will produce the final report one (1) week after receiving comments from the World Bank, and the NSC which will serve as the PMU. The report will include all the comments.

Supervision of study

The consultancy will be supervised by the Environmental and Social Development Specialist at the PMU

ANNEX 5: Environmental and Social Management Plan (ESMP) Framework

S/N	ENVIRONMENTAL PARAMETER	DESCRIPTIONS	SUGGESTED MITIGATION MEASURES	RESPONSIBILITY	MITIGATION COST (USD)	PARAMETERS TO BE MEASURED	METHOD OF MEASURING	LOCATION OF SAMPLING	MONITORING RESPONSIBILITY
1	AIR POLLUTION AND QUALITY	<ul style="list-style-type: none"> Air pollution may arise from the indiscriminate open air burning of woods, plastics and other wastes generated during and from the rehabilitation works. Air pollution could also occur from using diesel powered generator sets and vehicles with poor or high emission rates. All these activities would negatively affect air quality. 	<ul style="list-style-type: none"> Indiscriminate burning of wastes at site should be avoided to reduce air pollution. Waste should be evacuated at least once a week All waste should be directed to an approved storage and dumpsite. 	HCF	500	Gaseous pollutants such as SO ₂ , NO ₂ , CO ₂ , CO, VOCs, H ₂ S, TSP etc	Visual observation, Public complaints and health related sicknesses	Proposed sub project site	PMU, FMEEnv/SMoE, NPHCDA, NHIS,
2	GROUNDWATER AND SURFACE WATER CONTAMINATION	<ul style="list-style-type: none"> Improper waste management could lead to leachate produced flowing into surface waters and contamination could occurs Infiltration of wastes such as contaminated swabs, expired vaccines, can find their way into surface water drainages causing contamination. 	<ul style="list-style-type: none"> Waste must be collected and segregated at each point of generation Waste must be stored in appropriate bags/containers 	HCF	500		Visual observation, appearance of early traces of surface water flow	Proposed sub project site	PMU, FMEEnv/SMoE, NPHCDA, NHIS,
3	PUBLIC HEALTH HAZARDS	<ul style="list-style-type: none"> Increase in generation wastes such as expired vaccines and hazardous health waste generated by HCF if not managed properly could accumulate, produce foul smells, and attract insects and rodents which inevitably would have health implications on the general public. There are also risk associated with these 	<ul style="list-style-type: none"> Waste generated on-site should be evacuated at least once a week Waste should be stored inside impermeable containers container 	HCF	500	N/A	Visual observation, appearance of early traces of surface water flow	Proposed sub project site	PMU, FMEEnv/SMoE, NPHCDA, NHIS,

		waste if not handled properly and kept away from the public. Such risk could come from open burning of HCW							
4	PUBLIC SAFETY	<ul style="list-style-type: none"> Public access to HCW could pose hazards to the public as such areas could possess needles and other sharp objects. 	<ul style="list-style-type: none"> Prohibition of access to the wastes storage site by any person having no work permits. Proposed HCW site should be clearly marked and cordoned off any access by the public 	HCF	500	N/A	Visual observation, appearance of early traces of surface water flow	Proposed sub project site	PMU, FMEEnv/SMoE, NPHCDA, NHIS,
5	OCCUPATIONAL HEALTH & SAFETY	<ul style="list-style-type: none"> Staff handling and use of dangerous substances and wastes and inhaling fumes will expose the workers to occupational health risks. Medical personnel and waste handlers are exposed to dangerous and infectious HCW as they collect and transport HCW 	<ul style="list-style-type: none"> Workers should be equipped with appropriate Protective Personal Equipment (PPE) There should be a first aid kit at all times on each site Clear markings and signage should be used in all areas of the site All waste storage and disposal sites should be adequately cordoned off from the public 	HCF	500	N/A	Visual observation, appearance of early traces of surface water flow	Proposed sub project site	PMU, FMEEnv/SMoE, NPHCDA, NHIS,
6	SOCIAL ACTIVITIES	<ul style="list-style-type: none"> There could be increase in the demand for basic services due to increase in HCF patronage There is a potential for petty crime to increase in proposed sub project areas as influx of people increases 	<ul style="list-style-type: none"> There should be designated and approved areas for basic services such as canteens, restaurants and temporary car transport park Such marked areas should have waste bags/containers 	HCF	500	N/A	Visual observation, appearance of early traces of surface water flow	Proposed sub project site	PMU, FMEEnv/SMoE, NPHCDA, NHIS,
7	WASTE MANAGEMENT	<ul style="list-style-type: none"> There is an expected increase in waste generated from both public and private health centres. 	<ul style="list-style-type: none"> Ensure proper handling, and disposal of wastes 	HCF and PMU	1000	N/A	Visual observation, appearance of early	N/A	PMU, FMEEnv/SMoE, NPHCDA, NHIS,

		<p>If not managed properly, could be harmful to the public and in extreme cases hazardous waste could lead to disease outbreak</p> <ul style="list-style-type: none"> ▪Waste generated on site if not managed properly could accumulate and become unpleasant sights to the area. ▪Waste dumped besides roads may intrude onto the roads causing vehicular hold ups and accidents. 	<ul style="list-style-type: none"> ▪Waste must be stored temporarily in designated areas daily ▪Waste should be evacuated weekly ▪ On site waste collection and storage points should be located in areas that can easily be accessed by waste collection trucks without hindrance to traffic on the main road. ▪ A well detailed HCWMP should be put in place and should be prepared in accordance with the <ul style="list-style-type: none"> ○ National Healthcare Waste Management Policy 2013 ○ National Healthcare Waste Management Guidelines (NHCWMP) 2013 ○ National Healthcare Waste Management Plan (NHCWMP) 2013 				traces of surface water flow		
TOTAL					4,000				

ANNEX 6: Stakeholders Attendance Sheets

ATTENDANCE/REGISTRATION SHEET

ACTIVITY:
DATE: 18-01-18

S/No	NAME	M/F	Contact Address/ Organization	E-MAIL	DESIGNATION	PHONE NO	SIGN
1	OVEDE ONIGU-ITITE	M	WORLD BANK	CHAL-CU OVEDE@ITITE@	WORLD BANK CONSULTANT	08111170519	[Signature]
2	Dr. Nneke Oji	F	SPRS-FMOH	drnnekeoiji (@)gmail.com	Health Economist	08077675232	[Signature]
3	Dr LE Okoro	M	WHO	leokoro@who.int	State Coordinator	08036789318	[Signature]
4	DR LIMUS C. AJUZEM	M	PRIVATE	Ajuzelimus1 @gmail.com	ABA	08032402668	[Signature]
5	Iheke Margaret Chidinma	F	SMOH	chidinma.margaret @yahoo.com	Direct of Admin.	08065022418	[Signature]
6	Ajodi N.N.	M	NAS	ndanuhu @yahoo.com	DGM	08036292008	[Signature]
7	Eke, Camiller	M	NHS IC	ekecamiller@gmail.com	State coord .com	08036261468	[Signature]
8	Dr Jimlas Okeyemi Ogunakin	M	HSS-BHCPPF	drjimlas@gmail.com	BHCPPF/PHO	0803889532	[Signature]
9	Felix Obi	M	R4D/BMAF	fobi@r4d.org @feliex@gmail.com	Senior Prog. Officer	08033197876	[Signature]
10	NWABECHI GADJIN C.	M	ACCOUNTANT GENERAL OFF UPURUA	gadjin.chankwela @yahoo.com	DIRECTOR CASH SUPPLY	08037116418	[Signature]
11	Franca Ekweme	F	SMOH (Unlabeled)	francaekweme @gmail.com	Director of Inform	0706259235	[Signature]
12	CHIEDOZIE UMET	M	MIN OF FINANCE	chiedozie.umet 1122@gmail.com	DIRECTOR OF TAXES	07039192135	[Signature]

Name: _____ Designation: _____ Signature: _____ Date: _____

ATTENDANCE/REGISTRATION SHEET

ACTIVITY:
DATE: 18th JAN. 2018

S/No	NAME	M/F	Contact Address/ Organization	E-MAIL	DESIGNATION	PHONE NO	SIGN
1	Phain Uzugbu Mka C	M	SMOH	uzugbumka @gmail.com	OPS	08055511041	[Signature]
2	EKWURIBE CORDELIA I.	F	SMOH	ekwuribeCordelia @yahoo.com	NNS	08160640914	[Signature]
3	Engr (Mrs) Eboh J. Okech	F	SMOH	okechjeb@yahoocm	CPM	08087731145	[Signature]
4	Dr Rock Hemu G	M	SMOH	rockhemu @gmail.com	Asst-Tea Director	08038666406	[Signature]
5	DR KALU S A C/O DR NWAKANMA	M	ABA -ONS	stephenkalu140 @gmail.com	Medical Director	08025077406 08036149414	[Signature]
6	DR CHINAGZI ADINDU	M	ABSPHDA	chinagziad indu@gmail.com	ES	08033361193	[Signature]
7	NEGESHU UMORU	M	HSDP	negeshu.umoru @sdv.org.ng	SPM	07036674607	[Signature]
8	Hon Igbojionu REKRE.O	M	S/A to the Governor of Abia	igbojionurek @gmail.com	Governor's office	08098688075	[Signature]
9	Egbulem Eze S.E	M	ABSPHDA/SMOH	egbulm2012@yahoo.com	PCM Sec	08068662169	[Signature]
10	DR ORITSEWEMIMI OGBE	M	NPHCDA	ogbe_nphcda @yahoo.com	DD NPHCDA	08036252533	[Signature]
11	DR MAKUSIDI M.M	M	NIGER STATE SMOH	makusidim.com @mail.com	PERM SEC	08037941334	[Signature]
12	DR Yahaya Naudu	M	NSPHCDA	YAHAYA NAUDU @mail.com	ED	08063746650	[Signature]

Name: _____ Designation: _____ Signature: _____ Date: _____

ATTENDANCE/REGISTRATION SHEET

ACTIVITY:
DATE: 18/01/18

S/No	NAME	M/F	Contact Address/ Organization	E-MAIL	DESIGNATION	PHONE NO	SIGN
1	Dr John Akufamah	M	SMDH	esimiri_1@yahoo.co.uk	Hon Com		
2	Mr Agomoh Nkwachukwu	M	SMDH	agomohnrrock@gmail.com	Perm Sec	08091902137	
3	Dr Enwereji G.O.	M	SMDH, Abia	enwereji.g@gmail.com	DMS	08036202700	
4	Dr Ikechukwu Nwabekwa	M	CVU HSE	ginbekwa@yahoo.com	Special Adviser	0803347902	
5	Nwabuko Ikechukwu	M	SMDH	nwabukoikechukwu@gmail.com	DF	08035481236	
6	Ezenwa Medusgmm	M	ASPC	medez80@btinternet.com	Desk Officer SDCs	0708970309	
7	Princess Victoria U.A. Osika	F	State Health Reform Foundation of Nigeria	ulomaosika@yahoo.com	STATE CHAIRMAN	080521245	
8	AYODEJI AJIBOYE	M	World Bank	ayodeji@worldbank.org	Programmt	0805958888	
9	Uboara Uroma C	M	SSHIS	chidozie.uyalwara@gmail.com	ES	08033382380	
10	Adebayo Adebayoju	M	SPHCD B, Osun State	bayramayachan@gmail.com	D(HPRS)	08033382380	
11	Dr Kayode Ogunniyi	M	SPHCD B OSUN	dr.ogunniyi@gmail.com	ES	0803239492	
12	Olu Abenja Oyinlola	M	SMDH, Osun	medic8@btinternet.com	SA	07080122631	

Name: _____ Designation: _____ Signature: _____ Date: _____

ATTENDANCE/REGISTRATION SHEET

ACTIVITY:
DATE: 15-01-18

S/No	NAME	M/F	Contact Address/ Organization	E-MAIL	DESIGNATION	PHONE NO	SIGN
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2	Chioriz Ngrazi N	F	SMDH	ngbzichioriz17@guonil.com	SPRS	08063407506	

NAME	DESIGNATION	PHONE No	SIGNATURE
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Oyebanji Filan	STA HMH		

ANNEX 7: Generic Waste Management Plan

This waste management plan is to address waste that could be generated during the civil works and the healthcare waste that will be generated during the operation and maintenance phase of this project tagged the BHCPPF.

It entails appropriate, cost effective and environment-friendly options for reduction, collection, handling, treatment and safe disposal of the waste streams in line with best practices.

Objective of Waste Management Plan

The objectives of this WMP are:

- To assess the current waste management situation;
- To assess local handling, treatment and disposal options;
- Capacity- building Requirements for Staff;
- Waste Categorization Stream (types of waste);
- Waste Collection and Treatment; and
- Implementation Timetable

The Table below shows the summary of a generic Waste Plan

PROJECT PHASE	DESCRIPTION	WASTE TREATMENT	RESPONSIBILITY	COST (\$)
CONSTRUCTION	Waste generated here will typically be cement blocks, nails, wood residues and chippings and saw dust, metals, glass, electrical & plumbing fixtures, debris, gravel, sand, cardboard	<ul style="list-style-type: none"> ▪ Ensure proper handling, and disposal of wastes Rehabilitation/Construction waste should be disposed weekly ▪ Waste must be stored temporarily in designated areas daily ▪ Waste should be evacuated weekly ▪ On site waste collection and storage points should be located in areas that can easily be accessed by waste collection trucks without hindrance to traffic on the main road. 	Contractor	200
OPERATION AND MAINTENANCE	Waste generated in this phase will typically be health waste such as sawdust, pieces of wood segregated from hazardous waste, materials potentially infected blood, Internal body organs, drugs, and vaccines, syringes, surgical blades	<ul style="list-style-type: none"> ▪ A well detailed HCWMP should be put in place and should be prepared in accordance with the <ul style="list-style-type: none"> ○ National Healthcare Waste Management Policy ○ National Healthcare Waste Management Guidelines (NHCWMP) ○ National Healthcare Waste Management Plan (NHCWMP) 	PHC	800
			TOTAL	1,000